

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

WILLIAM H. BOO'ZE, IV,	:	
	:	
Plaintiff,	:	
	:	
v.	:	Civil Action No.: 07-82 (GMS)
	:	
CORRECTIONAL MEDICAL SERVICES,	:	
et al.	:	
	:	
Defendants.	:	

**DEFENDANT CORRECTIONAL MEDICAL SERVICES  
RESPONSE TO MOTION FOR PRELIMINARY INJUNCTION**

In accordance with the Court's Order of May 4, 2007 (D.I. 9), Defendant, Correctional Medical Services, by and through its undersigned counsel, hereby respectfully submits the following in response to Plaintiff's April 20, 2007 letter to the Court (D.I. 8). By complying with the Court's May 4 Order, CMS does not intend to waive service of process or any jurisdictional or service defects which may be available to it, and its compliance should not be construed as a waiver of service or any jurisdictional defenses. CMS specifically reserves the right to raise jurisdictional and service defects which may be available to it.

**Background**

Plaintiff William Boo'ze is an inmate in the custody of the Department of Correction incarcerated at the Delaware Correction Center in Smyrna, Delaware. He filed the instant action on or about February 13, 2007 alleging, *inter alia*, that the defendants have denied him medication and access to the news media. In a Motion to Amend filed on or about February 23, 2007, he further alleges that he was being

threatened, harassed and denied medication in retaliation for filing a lawsuit. The relief he seeks includes an order that he be permitted to keep his medication on his person, and an order that the defendants stop threatening and harassing him. It is not expressly stated in the Complaint, but it appears that Plaintiff's Complaint is based upon 42 U.S.C. §1983 (and in fact, the Motion to Amend makes express reference to 1983).

On or about April 20, 2007, Plaintiff wrote to this court alleging that his medication – specifically his nitroglycerin and “Pain-Off” pills - had been removed from his cell at the direction of two of the defendants, in retaliation for filing the instant suit. Plaintiff also alleges that one or more of the defendants made various threats of retaliation against him in connection with the suit. (D.I. 8). Despite the use of direct quotes, however, Plaintiff does not make clear in the April 20 submission which individuals said which things to him. By order of May 4, 2007, the court treated the letter as a Motion for a Preliminary Injunction to provide medical services, to preclude the defendants from interfering with Plaintiff's right to access the courts, and to stop defendants from taking retaliatory action against Plaintiff – substantially the same relief requested in the Complaint.

Plaintiff does have a number of chronic health conditions which require medication and regular medical treatment. Specifically, and as set forth in the report of Dr. Desrossiers, attached as Exhibit “A,” Plaintiff's medical conditions include hypothyroidism, a large thyroid goiter, coronary artery disease/myocardial infarct x3/coronary artery bypass, a right chest wall mass, possible migraine headaches and urinary incontinence. He is on fourteen different kinds of medication, including Synthroid, Lopressor, a nitroglycerin patch, Excedrin and Zocor (Exhibit “A”). Plaintiff

was last seen by a doctor in the chronic care clinic on April 10, 2007. See Chronic Care Clinic records, Exhibit "B." He is next scheduled to be seen on June 8 for a pre-surgical consult for a scheduled thyroidectomy.

In May of 2006, Plaintiff's medication was being dispensed to him in 30- to 120-day supplies. During a medication pass on May 13, Plaintiff informed Rebecca Vliet, RN that he had been out of all of his medications except one for weeks. However, Plaintiff's medical records indicated that the supply he had been given of one medication should have lasted through May 13, and that he should have had another 30 days' worth of four other medications. This exchange is documented in a May 14, 2006 incident report completed by Ms. Vliet, and attached as Exhibit "C." The incident report further indicates that Plaintiff's medications were confiscated: whereas he previously had "keep on person" ("KOP") privileges for his medication, all his medication going forward was to be nurse-administered. See also, Exhibit "A." Over the course of the following nine months, Plaintiff's KOP privileges were reinstated, modified and revoked again. See Exhibit "B" and August 8, 2006 letter from Scott S. Altman to Plaintiff re: administration of medications (Exhibit "D"). The May, 2006 incident followed similar incidents where Plaintiff was found to have excess medication in his cell (See February 13, 2006 cell inventory, Exhibit "E" attached ). Most recently, when a February 13, 2007 search of Plaintiff's cell again yielded excess medications, Plaintiff's KOP privileges were again revoked. Presently, Plaintiff has KOP privileges with respect to certain specified medications, but the rest, including his nitroglycerin, are nurse-administered. (See medication administration records for February-May 2007, Exhibit "F" attached).

Following the revocation of his “KOP” privileges, Plaintiff was consistently administered medication by various nurses on staff; however, he also consistently refused most of them. (Exhibit “F”). Exhibit “F” also documents that Plaintiff’s nitroglycerin was prescribed as and administered by patch rather than pills. Further, the “Pain-Off” medication which Plaintiff claims is being withheld was actually substituted with Excedrin Migraine, see Exhibit “F.”

Dr. Rogers and nurses Neal and Vliet, the three individuals referenced by Plaintiff in the April 20 letter, have all denied making the statements attributed to them in the letter, and have denied the more general allegation that they have somehow harassed or threatened the Plaintiff. CMS likewise denies that it or its employees have threatened or harassed Plaintiff. Due to the time constraints imposed by the court for responding to Plaintiff’s allegations, it was not possible for counsel to obtain executed affidavits from these individuals in time for the May 14 filing deadline. Defendant’s submission will be supplemented as soon as possible.

Viewing the April 20 letter as a Motion for Preliminary Injunction, defendant CMS contends that it is clear that Plaintiff is not entitled to the relief he seeks because he has failed to meet the standard for a preliminary injunction. More specifically, Plaintiff has failed to demonstrate beyond his own conclusory allegations that he has been denied medication or medical treatment, and it is clear from his medical records that he continues to receive medical treatment, although the mode of administration of most of his medications has changed. Moreover, Defendant affirmatively contends that the change in the mode of administration of Plaintiff’s medication, to the extent that it

supports a *prima facie* case of retaliation, is nonetheless permissible because it served a legitimate penal interest.

Neither has Plaintiff demonstrated entitlement to the second type of relief sought, that Defendants be enjoined from interfering with plaintiff's access to the courts. The record in this case clearly demonstrates that there has been no meaningful interference with Plaintiff's access to the courts, since his various complaints and petitions have been submitted to the courts. To the extent that the threats to withhold medical treatment are construed to be interference with the courts, Defendant denies that such threats were ever made, and even if they were, it is clear from the record that Plaintiff has not been denied medical treatment.

Finally, CMS denies that its employees have taken any retaliatory action against Plaintiff.

### Argument

In order to prevail on a Motion for Preliminary Injunction, a Plaintiff must demonstrate that: 1) he is likely to succeed on the merits; 2) denial will result in irreparable harm; 3) granting the injunction will not result in irreparable harm to the defendant; and 4) granting the injunction is in the public interest. Kline v. Correctional Medical Services, 2006 WL 3755765 \*1 (D. Del.) *citing* Maldonado v. Houstoun, 157 F.3d 179, 184 (3d Cir. 1997). Here, Plaintiff has not met the first two elements required to establish entitlement to a preliminary injunction, and the motion must therefore fail. Specifically, the actions Plaintiff complains of, even if true and even if they amount to retaliation, serve a legitimate penological interest, and are therefore permissible. Plaintiff

therefore cannot demonstrate that he is likely to succeed on the merits of his retaliation claim. Neither can he show that he is likely to succeed on the merits of his claim that he has been deprived access to the courts, since the actions of the defendants, even if true, and even if calculated to interfere with or discourage Plaintiff's access to the courts, have not had the effect of depriving him of meaningful access to the courts. Finally, assuming *arguendo* that the threats alleged in the April 20 letter were in fact made, he cannot show that their actual effect was to deprive him of medical treatment or access to the courts. Moreover, given that Plaintiff continues to receive medical treatment and continues to be given access to his medication, Plaintiff cannot show that denial of his Motion will cause irreparable harm.

Plaintiff claims that he is being denied medication and medical treatment in retaliation for filing the instant lawsuit, i.e., that he is being deprived access to the Courts in violation of the First Amendment. In order to be entitled to the relief he seeks on grounds of retaliation, he must be able to show that 1) the conduct in which he was engaged was constitutionally protected; 2) he suffered "adverse action" at the hands of prison officials and 3) his constitutionally – protected conduct was a substantial or motivating factor in the decision to take the action complained of Carter v. Dragovich, 292 F.3d 152, 157 (3<sup>rd</sup> Cir. 2002). Once a prisoner has made a *prima facie* case of retaliatory action, the burden shifts to the defendant to show that it would have taken the same action absent the protected conduct for reasons reasonably related to penological interest. Id. At 158.

Here, it is clear from the attached records that Plaintiff is not being denied medical treatment or medication. Further, although he did have medication removed

from his cell, and lost his KOP privileges, these actions were taken in response to the documented fact that he was hoarding his medications. Defendants' actions in confiscating the excess medications and revoking Plaintiff's "keep on person" privileges served the legitimate penological interests of enforcing prison rules and protecting Plaintiff and others from the possibility of taking medications inappropriately. Moreover, since the revocation and later modified reinstatement of his KOP privileges, his medication has not been withheld. Rather, consistent with the order that it be nurse-administered, he has had access to his medications during the nursing staff's twice-daily "medication passes," but has consistently refused to take them. Accordingly, a preliminary injunction compelling CMS to administer Plaintiff's medications is not warranted. Further, given that Plaintiff presently has access to his medications, the motion is moot.

Plaintiff next claims that the defendants' actions in withholding his medication were taken in order to deny Plaintiff's access to the courts, specifically to prevent or discourage him from proceeding with the instant lawsuit. To prove a violation of his right to access the courts, Plaintiff must show that 1) he was denied access to the courts, and 2) he suffered real and actual injury as a result. Bacon v. Taylor, 414 F. Supp. 475, 481 (D.Del. 2006). As discussed in the preceding sections, Plaintiff is not being denied medical treatment or medication, so it cannot be said that he has either been denied access to the courts in fact, or that he has suffered and actual injury. Moreover, it cannot be disputed that Plaintiff's papers have been filed and his lawsuit has been instituted and is proceeding. There is therefore neither actual denial of access, nor has there been injury. Plaintiff's claims on these grounds must therefore fail as well.

Finally, Plaintiff's April 20 submission appears to make more general claims of harassment by various Corrections Officers and CMS staff. CMS denies that any member of its staff made the remarks contained in the submission, making Plaintiff's motion for injunctive relief moot. But assuming *arguendo* that such remarks were made, it is clear that they are not the proper subject of a preliminary injunction because such activity, standing alone, has been neither alleged nor shown to have caused irreparable harm, or to be likely to cause irreparable harm if allowed to continue. Moreover, Plaintiff has neither alleged nor demonstrated that he is likely to succeed on the merits, in establishing that these remarks were actually made, or that they violated a constitutionally – protected right. Injunctive relief is therefore not warranted.

### **Conclusion**

For the reasons stated herein, Plaintiff has failed to demonstrate his entitlement to a preliminary injunction on any grounds alleged in the April 20 submission, and the Motion should therefore be denied.

/s/ Megan T. Mantzavinos

Megan T. Mantzavinos, Esquire/ID No. 3802  
 Marks, O'Neill, O'Brien & Courtney, P.C.  
 913 North Market Street, #800  
 Wilmington, DE 19801  
 (302) 658-6538

*Attorney for Defendant  
 Correctional Medical Services*

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

WILLIAM H. BOOZE, IV,	)	
	)	
Plaintiff,	)	
	)	
v.	)	C.A. No. 07-82-GMS
	)	
CORRECTIONAL MEDICAL SERVICES,	)	
INC., et al,	)	
	)	
	)	
Defendants.	)	

**ORDER**

AND NOW, this \_\_\_\_ day of \_\_\_\_\_, 2007, upon consideration of plaintiff's Motion for Injunction and the Response of Warden Thomas Carroll and Correctional Medical Services, IT IS HEREBY ORDERED that plaintiff's Motion for Injunction is DENIED.

---

United States District Judge

## **EXHIBIT A**



(2)

Correctional Medical Services  
Interdisciplinary Progress NotesPatient  
Name:

Booze William

ID#:

256158

Institution:

DCC

Date	Time	Notes	Signature
		11 <sup>th</sup> At Department	
		12 <sup>th</sup> Bilateral knee sleeves -	
		13 <sup>th</sup> Chiropractic pain pro	
		14 <sup>th</sup> Focur 10 mg b.i.d. (just started)	
		Recent and ongoing investigations:	
		1 <sup>st</sup> scheduling for total thyroidectomy and excisional biopsy of Right chest wall mass.	
		2 <sup>nd</sup> Cardiology: for pre op assessment on 06-08-07	
		Mr Booze's "KOP" privileges was cancelled on 8/2006 because of "hoarding" medication.	
		Mr Booze is seen in Chronic Care Clinic: last visit on 4/10/07. Mr Booze was upset and agitated. He did seem to have some paranoid ideations. He was referred to Mental Health for assessment.	
		I hope this is to your satisfaction	
		A/MD md	
		5/9/2007	

**EXHIBIT B**

MAY 14 2007

mhu



Mid-Delaware Imaging

incorporated  
710 South Queen Street  
Dover, Delaware 19904  
302-734-9888

## CONSULTATION REPORT

DATE 02/16/2007

PATIENT BOOZE, WILLIAM

AGE 12/30/1946

ADDRESS 1181 PADDOCK ROAD, SMYRNA, DE 19977

REFERRED BY DR. Frederick P. Van Dusen, D.O.

NO. 62612

256158  
288618

SEX M

CLINICAL INFORMATION: CHEST WALL MASS

CT CHEST

7mm thickness computerized axial cuts of entire chest are obtained after intravenous administration of contrast material.

Computerized axial tomography shows 2.8cm fairly well defined low density right upper anterior chest wall mass just superficial but distinctly separate from the corresponding pectoralis major muscle. Part of this mass is closely applied to the under surface of the skin and based on joystick reading most likely represents benign lipoma and less likely sebaceous cyst. There is also seen remarkable enlargement of thyroid gland with grossly altered texture, retrosternal extension and displacement of trachea to the right. The left lobe is considerably larger than the right lobe. There is also seen underlying COPD with bilateral mild to moderate interstitial fibrosis and couple of tiny nonspecific peripherally located nodules in each upper lobe. There is however no disturbing lung mass or any hilar-mediastinal lymphadenopathy. The tracheobronchial tree is patent and intact. There is no pleural effusion.

A few axial cuts of the upper abdomen show normal visualized portions of liver.

IMPRESSION: 1) There is seen 2.8cm fairly well defined low density mass at right upper anterior chest wall without any infiltration of surrounding fat. This mass is superficial and distinctly separate from the corresponding pectoralis major muscle. Based on joystick reading this most likely represents benign lipoma and less likely complex sebaceous cyst.

2) There is seen remarkable enlargement of thyroid gland with grossly altered texture, retrosternal extension and right lateral displacement of trachea representing goiter.

3) There is seen underlying COPD with bilateral mild to moderate interstitial fibrosis and couple of tiny nonspecific peripherally located nodules in each upper lobe.

There is no disturbing lung mass, hilar-mediastinal lymphadenopathy or pleural effusion.

Water soluble non-ionic 150cc of Ultravist 300 contrast material was used in view of history of emphysema.

Thank you for referring this patient.

This report was transcribed and faxed to DCC on 2/19/07

3/12/07

Mahendra Parikh, M.D.

MP/par

*[Signature]*

**Bayhealth**

Medical Center

Bayhealth Medical Center  
Kent General Hospital  
Dover, DE 19901DIAGNOSTIC IMAGING  
CONSULTATION REPORT**PATIENT:** BOOZE, WILLIAM**MR#:** 002103654**ADDRESS:** 1181 PADDOCK RD**DATE:** 05/15/06 1006**SS#** 432-84-1624**PHONE:** (302) 653-9261**D.O.B.:** 12/30/46**AGE:** 59Y**ACCT#** K0610700269**LOCATION:** \*OPK**CC:** DURST, JOHN  
DURST, JOHN**Check-in No.** 1230003**ORDERING PHYSICIAN:** DURST, JOHN

Chk-in #	Date	Exam
1230003	05/15/06	10605

KNM THYROID SCAN/MULTIPTKE 78007

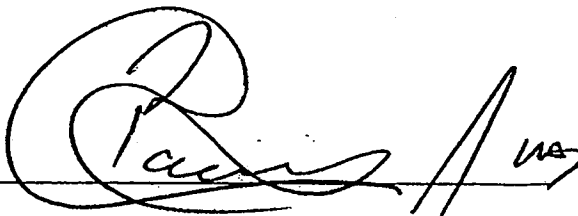
~~Ord Diag: 784.2 SWELLING IN HEAD & NECK~~

The patient received 261 microcuries of iodine 123. Images of the thyroid demonstrate heterogeneous diffuse uptake. The thyroid gland appears diffusely enlarged although this would be better evaluated with ultrasound. Cold defects involving the upper pole of both lobes cannot be excluded. Evaluation with ultrasound would be helpful. The 4 and 24 hour iodine uptake is 16 and 37 percent which is slightly elevated.

**Impression:** Possible diffusely enlarged thyroid with slightly increased uptake. Ultrasound to exclude nodules particularly in the left lobe is suggested.

Transcriptionist- RAPHAEL CACCESE JR M.D., Radiologist  
Reading Radiologist- RAPHAEL CACCESE JR M.D., Radiologist  
Releasing Radiologist- RAPHAEL CACCESE JR M.D., Radiologist  
Released Date Time- 05/17/06 0912

W 5/06



RAPHAEL CACCESE JR M.D., Radiologist

**Deliver to:**

DURST, JOHN  
DE CORRECTIONAL MED. DEPT.  
1181 PADDOCK ROAD  
SMYRNA DE 19977

Michael A. Amygdalos, M.D.  
Martin G. Begley, M.D.  
Raphael Caccese Jr., M.D.  
Ravi S. Kasat, M.D.

Vibhu Kapoor, M.D.  
Victoria E. Kong, M.D.  
Michael F. Pollse, D.O.  
Rachel E. Taylor, M.D.  
Thomas E. Vaughan, M.D.

DEC 04 2006 14:10 FROM:



Mid-Delaware Imaging

incorporated

710 South Queen Street

Dover, Delaware: 19904

302-734-9888

## CONSULTATION REPORT

DATE 12/04/2006PATIENT BOOZE, WILLIAM 256/58 AGE 12/30/1946ADDRESS 1181 PADDOCK ROAD, SMYRNA, DE 19977REFERRED BY DR Dale Rodgers, M. D. NO 62612 284659 SEX M

CLINICAL INFORMATION: GOITER.

## U/S THYROID

The thyroid gland is markedly enlarged. Both lobes measure at least 9cm in length. The thyroid echotexture is diffusely heterogeneous and multiple rounded solid masses are seen bilaterally.

IMPRESSION: Multinodular thyroid goiter.

Thank you for referring this patient.

This report was transcribed and faxed to DCC on 12/4/06.

N  
12/5/06

JAMES MILLER M.D.

Patient: WILLIAM BOOZE  
DOB: 12/30/1946  
Page 3

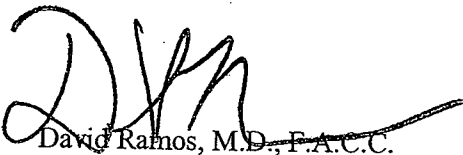
DOBUTAMINE CARDIOLITE IMAGING SCAN (05/05): Moderate-sized area of inferior ischemia. There was mild global hypokinesis with a calculated left ventricular ejection fraction of 37%.

ASSESSMENT: 58-year-old, hypertensive, African-American male smoker with prior history of myocardial infarction x3 who has had a recent acceleration of angina and an abnormal Cardiolite scan.

PLAN: Cardiac. Mr. Booze has had recent acceleration of his angina. He is feeling somewhat better with a nitro patch. A recent dobutamine Cardiolite scan has shown loss in LV function. Ejection fraction has dropped from 65% in September 2003 to 37% on his Cardiolite scan in May 2005. In addition, he now has evidence for inferior ischemia. His blood pressures are elevated today. He is unfamiliar of the level of lipid control. My plans at this time are to track down his prior cardiac catheterization results from 1999 and 2000. I am advising proceeding with cardiac catheterization to document whether or not there is underlying coronary artery disease and to proceed with percutaneous coronary artery intervention if appropriate. I have discussed this in detail with the patient and he is agreeable. His primary concerns today are of the rapid swelling that he has had in his neck over the last few days. I concur that this is worrisome, and I suspect that he may be having an ongoing infection. I am advising ENT evaluation or follow up with his primary care physician. We will make appropriate arrangements to set him up for cardiac catheterization.

I will keep you fully informed of his progress. Thank you for allowing my participation in the care of your patient.

Sincerely,



David Ramos, M.D., F.A.C.C.

DR/ml

DD: 08/11/05

DT: 08/12/05

cc: Maria Mancuso, M.D. at DCC

Patient: WILLIAM BOOZE  
DOB: 12/30/1946  
Page 2

SOCIAL HISTORY: The patient is a resident of Delaware Correctional Center. He has smoked for a number of years.

FAMILY HISTORY: Father died of myocardial infarction at age 71.

REVIEW OF SYSTEMS: All systems otherwise negative.

PHYSICAL EXAM:

General: Well-developed, well-nourished, African-American male in no acute distress. Alert and oriented times three.

Vital Signs: BP 150/100. Pulse 74. Weight 208 lbs.

HEENT: NC/AT, anicteric sclerae. Conjunctiva pink. No JVD or carotid bruit. There is bilateral neck swelling, more prominent on the right side. The thyroid does appear midline. No JVD or carotid bruits.

Lungs: Clear.

Cardiac: Regular rate and rhythm, normal S1/S2. No murmurs, rubs or gallops appreciated. PMI nondisplaced.

Abdomen: Benign.

Extremities: No clubbing, cyanosis or edema. Peripheral pulses are intact.

Skin: Warm and dry, no ecchymoses present.

Neurologic: Nonfocal.

EKG: Normal sinus rhythm, right bundle branch block, no acute ST segment shift.

ECHOCARDIOGRAM (09/03): Normal LV systolic function with estimated left ventricular ejection fraction 65%. Trace mitral regurgitation and trace tricuspid regurgitation with mild concentric left ventricular hypertrophy and mild left atrial enlargement.



**CARDIOLOGY  
CONSULTANTS P.A.**

www.CardioConsultants.net

PIAMSOOK ANGKEOW, M.D.  
KEVIN M. BOYLE, M.D.  
ARTHUR W. COLBOURN, M.D.  
BARRY S. DENENBERG, M.D.  
ANDREW J. DOOREY, M.D.  
ANTHONY B. FUREY, D.O.  
EDWARD M. GOLDENBERG, M.D.  
RICHARD F. GORDON, M.D.  
ROBINA A. HORN, M.D.  
AJITH G. KUMAR, M.D.  
RONALD L. LEWIS, D.O.

RAYMOND E. M.D.  
GEORGE D. TSOS, M.D.  
ASHISH B. PA. M.D.  
MICHAEL J. PASQUALE, M.D.  
PAUL C. PENNOCK, M.D.  
JAMES M. RITTER, M.D.  
MICHAEL E. STILLABOWER, M.D.  
HENRY L. WEINER, M.D.  
MARK R. ZOLNICK, M.D.

**KENT COUNTY**

HARJINDER S. GREWAL, M.D.  
LAWRENCE G. NARUN, M.D.  
DAVID RAMOS, M.D.  
JOHN W. SHUCK, M.D.

**SUSSEX COUNTY**

ALI DELBAKHSH, M.D.  
E. MARK JOHNSON, M.D.  
PEDRO J. PEREZ, M.D.  
R. ALBERTO ROSA, M.D.  
KENNETH P. SUNNERGREN, M.D.

August 11, 2005

VIJAY TATAGARI, M.D.  
31 GOODEN AVE.  
DOVER, DE 19904

RE: WILLIAM BOOZE      DOB: 12/30/1946  
256250

Dear Reddy:

I saw your patient, William Booze, in initial office consultation today. As you recall, he is a 58-year-old, hypertensive, African-American male smoker with known history of coronary artery disease who is status post prior myocardial infarction x3. He tells me he had a cardiac catheterization in 1999 at Walter Reed, and had one again in 2000 in Columbus, Ohio at the time of another MI. He does not recall getting any coronary intervention such as angioplasty or coronary artery stenting. He was, however, informed that he sustained a myocardial infarction and has been managed medically. He is a prisoner at Delaware Correctional Center. He generally has had stable angina, which is usually relieved by nitroglycerin sublingually. However, he had a recent episode with severe chest pains, which were not relieved with up to 5 nitroglycerins. He was evaluated in Kent General Hospital emergency room before being released and advised to have cardiac follow up. He was started on a nitro patch. He is feeling somewhat better on the nitro patch. However, he now has new complaints that his neck and back hurt him and are getting swollen bilaterally. Indeed, he has easily visible bilateral neck swelling. In addition, he complains of severe headaches, which he thinks are related to a prior gunshot wound in Vietnam. He has a bullet lodged at the top of his skull. He thinks that it has migrated over the years. He had a dobutamine Cardiolite scan performed in May, which documented likely ischemic cardiomyopathy. He is referred today for further cardiac evaluation.

**PAST MEDICAL HISTORY:**

1. Prior myocardial infarction x3.
2. Hypertension.
3. History of gunshot wounds in Vietnam.

**MEDICATIONS (computer):** Synthroid, metoprolol tartrate 25 mg qd, Artificial Tears solution prn, Optigene eye wash as directed, Tylenol PM 500-25 mg as directed, hydrocortisone acetate as directed, Nitro-Dur 0.4 mg/hr as directed.

**ALLERGIES:** Seafood.

---

<b>NEW CASTLE COUNTY</b>	252 Chapman Road, Suite 150, Newark, DE 19702 (302) 366-1929 Fax (302) 366-1006 St. Francis Hospital Medical Office Building, 701 N. Clayton Street, Suite 407, Wilmington, DE 19805 (302) 421-9721 Fax (302) 421-9728 2700 Silverside Road, Wilmington, DE 19810 (302) 478-9185 Fax (302) 478-9187 Pike Creek Sports Medicine Building, 3105 Limestone Road, Suite 200, Wilmington, DE 19808 (302) 636-3020 Fax (302) 636-3025 Concord Plaza, Quillen Building, 3521 Silverside Road, Suite 1-C, Wilmington, DE 19810 (302) 477-6510 Fax (302) 477-6522 Kettlay Plaza, 114 Sandhill Drive, Suite 203, Middletown, DE 19709 (302) 452-3455 Fax (302) 376-4350
<b>KENT COUNTY</b>	1100 Forrest Avenue, Dover, DE 19904 (302) 672-4600 Fax (302) 672-4606
<b>SUSSEX COUNTY</b>	550 South DuPont Plaza, Milford, DE 19963 (302) 422-6050 Fax (302) 422-6820 1606 Savannah Road, Suite 3, Lewes, DE 19958 (302) 645-1233 Fax (302) 645-1228

---

**CARDIAC DIAGNOSTIC CENTERS**

3105 Limestone Road, Suite 202, Wilmington, DE 19808 (302) 994-6500 Fax (302) 994-6922  
Concord Plaza, Quillen West, 3521 Silverside Road, Suite 1-A, Wilmington, DE 19810 (302) 477-6500 Fax (302) 477-6509  
1100 Forrest Avenue, Dover, DE 19904 (302) 672-1890 Fax (302) 672-1899  
550 South DuPont Plaza, Milford, DE 19963 (302) 422-6050 Fax (302) 422-6820  
1606 Savannah Road, Suite 3, Lewes, DE 19958 (302) 645-1233 Fax (302) 645-1228

**BUSINESS OFFICE**

252 Chanman Road. Suite 150. Newark. DE 19702 (302) 366-7665 Fax (302) 366-0734

## CORRECTIONAL MEDICAL SERVICES, Inc.

## PHYSICIANS' ORDERS

Name Boore, William D.O.B. 12.30.46  
 Location DCC ID# 256158 Allergies seafood

Check box as order is noted: ☒ (Date & Time)  
 Noted by: [Signature]  
 Date: 2/7/07  
 Time: 2030  
☒ Lopressor 25mg Po QD x 120d  
☒ MVT T 125 Po QD x 120d  
☒ NTC patch 0.4mg/hr Apply each am & remove each evening x 120d  
☒ selsun sulfide 2.5% lotion apply as directed 2 bottles/mos for external use x 120d  
 M.D. Signature [Signature] Date/Time 2/7/07 0900

Check box as order is noted: ☒ (Date & Time)  
 Noted by: [Signature]  
 Date: 2/8/07  
 Time: 2030  
☒ Hytrin 2mg Po QHS x 120d  
☒ A+D ant Apply POW x 120d  
☒ D/C (R) Knee Brace + Ace Bandage  
☒ Give 2 knee sleeves (R + L)  
 M.D. Signature [Signature] Date/Time 2/7/07 0900

Check box as order is noted: ☒ (Date & Time)  
 Noted by: [Signature]  
 Date: [Blank]  
 Time: [Blank]  
followup with Dr Szalai (request written)  
 M.D. Signature [Signature] Date/Time 3/6/07

Check box as order is noted: ☒ (Date & Time)  
 Noted by: [Signature]  
 Date: 3-21-07  
 Time: 1455  
☒ PT-MT  
☒ EKG  
☒ Order consultation written  
☒ request for surgery (hip/ankle) written  
 M.D. Signature [Signature] Date/Time 3/20/07

## CORRECTIONAL MEDICAL SERVICES, Inc.

PHYSICIANS' ORDER

Name Booze, William D.O.B. 12-30-46Location DC ID# 256158 Allergies Sea food

Check box as order is noted:	(Date & Time)
Noted by: <u>MD</u>	<u>to MD in 1 month</u>
Date: <u>4-11-07</u>	<u>ask MD to see = parasitoidication</u>
Time: <u>5:30 AM</u>	
	MD. Signature <u>[Signature]</u> Date/Time <u>4/10/07</u>
Check box as order is noted:	(Date & Time)
Noted by: <u>Sorens</u>	<u>Excedrin Migraine T 26 PO BID</u>
Date: <u>4/20/07</u>	<u>PRN X 30d</u>
Time: <u>1340</u>	
	MD. Signature <u>[Signature]</u> Date/Time <u>4/20/07 0900</u>
Check box as order is noted:	(Date & Time)
Noted by:	<u>Loxov 10 ug + lis x 120 deep</u>
Date:	
Time:	
	MD. Signature <u>[Signature]</u> Date/Time <u>5/7/07</u>
Check box as order is noted:	(Date & Time)
Noted by:	
Date:	
Time:	
	MD. Signature _____ Date/Time _____

## CORRECTIONAL MEDICAL SERVICES, Inc.

## PHYSICIANS' ORDERS

Name Booze WilliamD.O.B. 12-30-46Location DCCID# 256158Allergies Seafood

Check box as order is noted:

Noted by:

Date:

Time:

(Date &amp; Time)

D/C monthly weights

M.D. Signature

Date/Time

Check box as order is noted:

Noted by:

Date:

Time:

(Date &amp; Time)

Resubmit of saw dust wall (mitten)  
on chart

M.D. Signature

Date/Time

Check box as order is noted:

Noted by:

Date:

Time:

(Date &amp; Time)

☒ Synthroid 0.75mg Po QD x 120d  
☒ Chem 24, lipid panel, TSH, T<sub>4</sub>, free T<sub>4</sub>  
☒ exchange 1-l jars, bottles, tubes  
☒ when giving jars, bottles, tubes please take  
☒ out of original box, labeled and dated  
☒ Do NOT KOP pills

M.D. Signature

Date/Time

Check box as order is noted:

Noted by:

Date:

Time:

(Date &amp; Time)

☒ Eucerin cream Apply to area BID x 120d  
☒ Artificial Tears oph instill 2 drops into affected  
☒ eye BID x 120d  
☒ GLAXIA 81mg Po QD x 120d  
☒ PEM 4mg Po BID x 120d  
☒ Blyc wash irrig use BID x 120d

M.D. Signature

Date/Time

## CORRECTIONAL MEDICAL SERVICES, Inc.

## PHYSICIANS' ORDERS

Name Booze William D.O.B. 12-30-46Location 22CL12 ID# 256158 Allergies seafood

Check box as order is noted: Noted by: <u>Rebecca Whitler</u> Date: <u>12/15/06</u> Time: <u>0930</u>	(Date & Time) <u>VO Dr. Van Dusen / Rebecca Whitler 12/15/06 0930</u> <u>Excedrine Migraine i tab po BID PRN x 30d</u> <u>Rebecca Whitler</u>
Check box as order is noted: Noted by: <u>allison</u> Date: <u>1/1/07</u> Time: <u>1425</u>	(Date & Time) <u>VO Dr. Van Dusen / Rebecca Whitler 1/1/07 1430</u> <u>All meds are to be nurse administered</u> <u>indefinitely. Rebecca Whitler</u>
Check box as order is noted: Noted by: <u>allison</u> Date: <u>1-9-07</u> Time: <u>650</u>	(Date & Time) <u>CT of neck consult done</u> <u>US of the chest wall - done</u> <u>CBC, chem 24, PT/PTT, (TSH, T3, T4)</u> <u>Thyroid study</u>
Check box as order is noted: Noted by: <u>allison</u> Date: <u>1/15/07</u> Time: <u>530</u>	(Date & Time) <u>R-nuc Bruce</u> <u>ACE - wear h-nuc pin</u>

## CORRECTIONAL MEDICAL SERVICES, Inc.

## PHYSICIANS' ORDERS

Name Booze William D.O.B. 12/30/46  
 Location DOC ID# 256158 Allergies Sea Food

Check box as order is noted:	(Date & Time)
Noted by:	<input checked="" type="checkbox"/> Chem 24, lipid panel, PSA, Thyroid pan <input checked="" type="checkbox"/> tetanus shot. <span style="float: right;">TSH, T3, T4 free T4</span> <input checked="" type="checkbox"/> PPD pbc plant & read <input checked="" type="checkbox"/> Weights Qmos X 4mos. <input checked="" type="checkbox"/> Flu shot when available <input checked="" type="checkbox"/> Excedrin Migraine T b.b. Po BID PRN X 3
Date:	M.D. Signature <u>[Signature]</u> Date/Time <u>10/20/06 10 am</u>
Time:	
Check box as order is noted:	(Date & Time)
Noted by:	<input checked="" type="checkbox"/> Metoprolol 25mg Po QD X 120d <input checked="" type="checkbox"/> Hytrin 2mg Po QDS X 120d <input checked="" type="checkbox"/> MNT T b.b. Po QD X 120d <input checked="" type="checkbox"/> LASA 81mg Po QD X 120d <input checked="" type="checkbox"/> Sterile eye solution irrigation BID X 120d. <input checked="" type="checkbox"/> artificial tears 2gts BID X 120d.
Date:	M.D. Signature <u>[Signature]</u> Date/Time <u>10/20/06 10 am</u>
Time:	
Check box as order is noted:	(Date & Time)
Noted by:	<input checked="" type="checkbox"/> Senevit cream Apply BID X 120d (1 jar) <input checked="" type="checkbox"/> A4D oint Apply BID X 120d (1 jar) <input checked="" type="checkbox"/> CTM 4mg Po BID X 120d <input checked="" type="checkbox"/> Selenium Sulfide Shampoo 2 bottles/mos X 120d <input checked="" type="checkbox"/> Nitro patch 0.4mg/hr on in am, off in pm X 120d <input checked="" type="checkbox"/> Thyroid U/S - consult done
Date:	M.D. Signature <u>[Signature]</u> Date/Time <u>10/20/06 10 am</u>
Time:	
Check box as order is noted:	(Date & Time)
Noted by:	<input checked="" type="checkbox"/> Surgical consult - done <input checked="" type="checkbox"/> RE: multinodular Thyroid goiter
Date:	M.D. Signature <u>[Signature]</u> Date/Time <u>12/5/06 0930</u>
Time:	

## CORRECTIONAL MEDICAL SERVICES, Inc.

## PHYSICIANS' ORDERS

Name Booze, William D.O.B. 12.30.46Location DCC ID# 256158 Allergies seafood

Check box as order is noted:

(Date &amp; Time)

Noted by:

Date:

Time:

D/C Double portions & am + pm  
snack

M.D. Signature

Date/Time

Check box as order is noted:

(Date &amp; Time)

Noted by:

Date:

Time:

exchange 1:1 jars, bottles, card of pills  
any bottles, tubes must be taken out of  
original box, labeled, and dated

M.D. Signature

Date/Time

Check box as order is noted:

(Date &amp; Time)

Noted by:

Date:

Time:

MEVACOR 10 mg Po QHS X 1204  
Chem 24, Lipid panel

M.D. Signature

Date/Time

Check box as order is noted:

(Date &amp; Time)

Noted by:

Date:

Time:

NO S OTH / Rebecca Blumenthal / 9/6/06 1150

Continue previous Excedrine Migraine  
order ie. 1 tab TID PRN until 11/8/06  
but maximum of 8 tabs/wk. Rebecca Blumenthal

M.D. Signature

Date/Time

## CORRECTIONAL MEDICAL SERVICES, Inc.

## PHYSICIANS' ORDERS

Name Boore, WilliamD.O.B. 12/30/46Location DECID# 256158Allergies Seafood

Check box as order is noted:

(Date &amp; Time)

Noted by:

Date:

Time:

Dietsman to see T/M  
 RE: Dble portions ? does pt  
 need it - done  
 ✓ weights weekly x 8 wks. plse pull  
 chart for MD review

M.D. Signature

(Date &amp; Time)

Date/Time

7/17/06

Check box as order is noted:

Noted by:

Date:

Time:

Tylenol 325mg po BID x 90 days  
 Analgesic Balm to use BID x 30 days  
 Motrin 25mg po QID x 120 days  
 Hytrin 2mg po QHS x 120 days  
 MVI T-Tab po QID x 120 days  
 ECASA 81mg po QID x 120 days

M.D. Signature

(Date &amp; Time)

Date/Time

7/18/06

Check box as order is noted:

Noted by:

Date:

Time:

Sterile Eye Soln. Durezol BID x 120 days  
 Artificial Tears 2gts BID x 120 days  
 Eucerin Cream Apply BID x 120 days 1 jar  
 A+D Ointment Apply BID x 120 days 1 jar  
 CTM 4mg po BID x 120 days  
 Selenium Sulfide Shampoo 2 bottles/month x 120 days

M.D. Signature

(Date &amp; Time)

Date/Time

7-18-06

Check box as order is noted:

Noted by:

Date:

Time:

Chem 24, Lipid Panel, TSH, T<sub>3</sub>, T<sub>4</sub>, Free T<sub>4</sub>  
 Nitropatch 0.4mg/hr on in AM remove in PM  
 x 120 days  
 Synthroid 0.075mg po QD x 120 days  
 Double Portions & snack AM & PM x 90 days  
 Eclonix Migraine T-Tab TID po x 120 days

M.D. Signature

Date/Time

7/18/06

Noted R/V/LT-EP 7/17/06  
 @ 2030

CORRECTIONAL MEDICAL SERVICES  
CHRONIC CARE CLINIC DOCUMENTATION

Name	Booze William	ID Number	256158	Age	65	DM	TF
Clinic (check applicable) <input type="checkbox"/> Endocrine <input type="checkbox"/> Cardiovascular/hypertension <input type="checkbox"/> Pulmonary <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Neurology/seizure <input type="checkbox"/> Gen. Med <input type="checkbox"/> Other: <u>Hypothyroidism, COPD, S/P Mx x3, HTN, Urinary incontinence, Migraine, HA</u>							
SUBJECTIVE							
① side of body hurting - painful ② numbness/tingling							
Medication Compliance % <u>Yes</u> Compliant with Exercise <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Inhaler use <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Medication side effects <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Exercise Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Increased <input type="checkbox"/> Yes <input type="checkbox"/> No Ave. Use/Day Last seizure <input checked="" type="checkbox"/> NA Weight Loss <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Diet Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA LMP <input checked="" type="checkbox"/> NA Other:							
OBJECTIVE							
BP	P	R	T	WT	HT	SaO <sub>2</sub>	Peak Flow
102/72	78	16	97'	215	6'4"	<input type="checkbox"/> NA 97%	<input type="checkbox"/> NA
HEENT: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Document Other							
<u>glass eye, Neck - ② thyromegaly sl. tender</u>							
Heart: <input type="checkbox"/> Regular no murmur, gallop, rub <input type="checkbox"/> Document Other							
Lungs: <input checked="" type="checkbox"/> CTA bilaterally <input type="checkbox"/> Document Other							
Abd: <input checked="" type="checkbox"/> BS normal, no bruits, soft, non-tender, no masses <input type="checkbox"/> Document Other							
Genital/Rectal: <input type="checkbox"/> WNL <input type="checkbox"/> Deferred <input checked="" type="checkbox"/> Document Other <u>Refused.</u>							
Neuro: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Document Other							
Skin: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Document Other							
Current Labs <input type="checkbox"/> None <input checked="" type="checkbox"/> Current Labs Reviewed <input checked="" type="checkbox"/> WNL <input checked="" type="checkbox"/> Abnormal(s) noted Describe: <u>reviewed c pt</u>							
ASSESSMENT							
Diagnosis: <u>Stable</u>							
Patient Response <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor							
Overall Assessment of Patient's Condition <input type="checkbox"/> Improved <input checked="" type="checkbox"/> Unchanged <input type="checkbox"/> Worsened							

## PLAN

Medications ☒ Continue current therapy ☐ Change therapy List changes:Diagnostic Studies: ☐ CBC ☒ SMA 12 ☒ Lipids ☐ HgbA<sub>1c</sub> ☐ Viral Load ☐ CD<sub>4</sub> ☐ Hepatitis Screen ☐ LFT ☐ UA ☐ Urine Dip Stick  
☐ Urine Pregnancy Test ☒ Other List thyroid, PSA  
☐ EKG ☐ X-ray List:Diet ☐ Yes List Type☒ N/A Comments:Vaccines: Flu ☐ Current ☐ Not Indicated ☒ Ordered ☐ Refused Pneumococcal Pneumonia ☐ Current ☐ Not Indicated ☐ Ordered ☐ Refused  
✓ PPD ordered tetanus shot

## PATIENT EDUCATION

☒ Disease etiology, complications, prognosis☒ Medication Side Effects, Dosage and Actions☐ Self care and Life Style Changes☐ Smoking Cession Encouraged☐ Foot care☐ Skin care☒ Diet and weight loss☒ Exercise☐ Inhaler use☐ Instructed to sign up for sick call as needed☐ Other List☐ Other List☒ Patient verbalized understanding of education☐ Patient resistant to education

## NEXT VISIT

Next CCC Visit: ☐ Weeks ☒ 3 Months☒ Problem List Reviewed/Updated☐ Plan of Care Reviewed/Revised

## REFERRALS

☐ None indicated ☒ List

## Progress Notes

Weights @ month  
thyroid ultrasound

Signature/Title



Date

10/20/06

Time

10am

Reviewed by/Title

Date

Time

## PLAN

Medications ☐ Continue current therapy ☐ Change therapy List changes:*uplet RP*Diagnostic Studies: ☐ CBC ☐ SMA 12 ☐ Lipids ☐ HgbA<sub>1c</sub> ☐ Viral Load ☐ CD<sub>4</sub> ☐ Hepatitis Screen ☐ LFT ☐ UA ☐ Urine Dip Stick  
☐ Urine Pregnancy Test ☐ Other List *lab ordered*  
☐ EKG ☐ X-ray List:Diet ☐ Yes List Type☐ NA Comments:Vaccines: Flu ☐ Current ☐ Not Indicated ☐ Ordered ☐ Refused Pneumococcal Pneumonia ☐ Current ☐ Not Indicated ☐ Ordered ☐ Refused

## PATIENT EDUCATION

☐ Disease etiology, complications, prognosis☐ Medication Side Effects, Dosage and Actions☐ Self care and Life Style Changes☐ Smoking Cession Encouraged☐ Foot care☐ Skin care☐ Diet and weight loss☐ Exercise☐ Inhaler use☐ Instructed to sign up for sick call as needed☐ Other List☐ Other List☐ Patient verbalized understanding of education☐ Patient resistant to education

## NEXT VISIT

Next CCC Visit: ☐ \_\_\_ Weeks ☐ \_\_\_ Months☐ Problem List Reviewed/Updated☐ Plan of Care Reviewed/Revised

## REFERRALS

☐ None indicated ☐ List

## Progress Notes

*will need to see Dr Szalai  
after lab/or / US done**\* IM states today: not agreeable to surgery  
to discuss after visit with Dr Szalai*

Signature/Title

*AMM*

Date

*1/15/07*

Time

Reviewed by/Title

Date

Time

CORRECTIONAL MEDICAL SERVICES  
CHRONIC CARE CLINIC DOCUMENTATION

Name <u>Booze William</u>	ID Number <u>256158</u>	Age	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
Clinic (check applicable) <input type="checkbox"/> Endocrine <input type="checkbox"/> Cardiovascular/hypertension <input type="checkbox"/> Pulmonary <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Neurology/seizure <input type="checkbox"/> Gen. Med. <input type="checkbox"/> Other: <u>gouty hypothyroidism / CKD - HTN</u>			
SUBJECTIVE			
① im has multiple complaints as list of meds / ep / abd / knee braces - ② stable symptoms re gouty (compression) seen in Szalai -> hyper hyper ③ lesion R humer - gradual but less frequent looked for chest wall v.c.			
Medication Compliance %	Compliant with Exercise <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Inhaler use <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Medication side effects <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Exercise Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Increased Ave. Use/Day <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Last seizure <input type="checkbox"/> NA	Weight Loss <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Diet Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
LMP <input type="checkbox"/> NA	Other:		
OBJECTIVE			
BP <u>140/88</u> <u>146/80</u>	P <u>88</u>	R <u>16</u>	T <u>98</u>
WT <u>224.5</u>	HT	SaO <sub>2</sub> <u>98%</u> <input type="checkbox"/> NA	Peak Flow <input type="checkbox"/> NA
Cap BS <input type="checkbox"/> NA			
HEENT: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Document Other			
Heart: <input checked="" type="checkbox"/> Regular no murmur, gallop, rub <input type="checkbox"/> Document Other			
Lungs: <input checked="" type="checkbox"/> CTA bilaterally <input type="checkbox"/> Document Other			
Abd: <input checked="" type="checkbox"/> BS normal, no bruits, soft, non-tender, no masses <input type="checkbox"/> Document Other			
Genital/Rectal: <input type="checkbox"/> WNL <input checked="" type="checkbox"/> Deferred <input type="checkbox"/> Document Other			
Neuro: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Document Other			
Skin: <input type="checkbox"/> WNL <input checked="" type="checkbox"/> Document Other			
② hwt 3 1/2 x 3 cm s.c. lesion RU humer firm adherence skin 2 minute coloration			
Current Labs <input type="checkbox"/> None <input type="checkbox"/> Current Labs Reviewed <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal(s) noted Describe:			
ASSESSMENT			
Diagnosis: <u>hypothyroidism / large gouty / lesion humer</u>			
Patient Response <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Overall Assessment of Patient's Condition <input type="checkbox"/> Improved <input checked="" type="checkbox"/> Unchanged <input type="checkbox"/> Worsened			

## Chronic Disease Clinic Follow-Up

Inmate Name: <u>Booze, William</u>
Number: <u>256158</u> Institution: <u>DLC</u>

List chronic diseases:

1) <u>HTN</u>	3) <u>CAD</u>	5) _____
2) <u>gout/hypothyroid</u>	4) _____	6) _____

Attach pharmacy profile or list current medications:

ASA 81 - 100mg - Synthroid 0.075 - metoprolol - 50mg  
Nitro 0.4 patch - Selsun - Hytrin 2mg bid

Subjective:

Asthma: # attacks in last month? _____	Seizure disorder: # seizures since last visit? _____
# short acting beta agonist canisters in last month? _____	Diabetes mellitus: # of hypoglycemic reactions since last visit? _____
# times awakening with asthma symptoms per week? _____	Weight loss/gain ↓ ↑ #lbs _____
CV/hypertension (Y/N): Chest pain? _____ SOB? _____ Palpitations? _____ Ankle edema? _____	
HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____ Diarrhea? _____ Rashes/lesions? _____	

For all diseases, since last visit, describe new symptoms:

\* upset today - only want to talk about BP not being  
kept down - paranoid ideation - not sure he wants to  
have further surgery - "they will have me killed"

Patient adherence (Y/N): with medications? \_\_\_\_\_ with diet? \_\_\_\_\_ with exercise? \_\_\_\_\_

Vital signs: Temp \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Wt 223 PEFR \_\_\_\_\_ INR \_\_\_\_\_  
 Labs: Hgb A1C \_\_\_\_\_ HIV VL \_\_\_\_\_ CD4 \_\_\_\_\_ Total Chol \_\_\_\_\_ LDL \_\_\_\_\_ HDL \_\_\_\_\_ Trig \_\_\_\_\_  
 Range of fingerstick glucose/BP monitoring: \_\_\_\_\_

PE:

HEENT/neck: <u>large goiter/unnatural</u>	Extremities: _____
Heart: <u>S1 &amp; S2</u>	Neurological: _____
Lungs: <u>clear</u>	GU/rectal: _____
Abdomen: <u>✓</u>	Other: _____

Assessment:

	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 <u>HTN</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <u>gout - hypothyroid</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <u>CAD</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan:

Medication changes: \_\_\_\_\_

Diagnostics: \_\_\_\_\_

Labs: \_\_\_\_\_

Monitoring: BP: 1 X day/week/month Glucose: \_\_\_\_\_ X day/week/month Peak flow: \_\_\_\_\_ Other: \_\_\_\_\_Education provided: ☒ Nutrition ☐ Exercise ☐ Smoking ☐ Test results ☒ Medication management ☐ Other: \_\_\_\_\_Referral (1st type): Specialist: cardio/surgery Chronic care program: \_\_\_\_\_# days to next visit? ☐ 90 ☐ 60 ☒ 30 ☐ Other: \_\_\_\_\_ Discharged from CCC: [name] \_\_\_\_\_

Advance Level Provider Signature: <u>[Signature]</u>	Date: <u>4/10/07</u>
--	----------------------

# **CORRECTIONAL MEDICAL SERVICES** **MENTAL HEALTH PROGRESS NOTE**

**SUBJECTIVE:**Face to face contact with client ☐ in office ☒ cell-side ☐ group ☐ on unit ☐ other: \_\_\_\_\_Reason for contact: ☐ sick call ☐ RMHV ☒ referral ☐ crisis ☐ 1:1 counseling ☐ evaluation

Statements/events: I/m was referred to MH by medical on 4/11/07  
stating that the I/m had paranoid ideations. On 4/11/07  
MH staff went to see the I/m but he was out in the  
Gym. The I/m was seen on 4/16/07

☐ Reports taking psychotropic meds as prescribed ☐ Not compliant with meds due to \_\_\_\_\_☒ None prescribed at this time Side effects: ☐ No ☐ Yes, describe: \_\_\_\_\_☐ Chart reviewed ☐ Yes ☐ No, reason: \_\_\_\_\_**OBJECTIVE :**Appearance: ☒ Neat/clean ☐ Disheveled ☐ Well-nourished/developed ☐ Cooperative ☐ Uncooperative ☐ Hostile ☐ Oppositional ☐ GuardedPsychomotor: ☒ Normal ☐ Retarded ☐ Unsteady gait ☐ Tremor ☐ Abnormal movements ☐ Rigidity ☐ Restless ☐ Agitated ☐ GrimacingSpeech: ☒ Normal ☐ Nonspontaneous ☐ Slowed ☐ Monotone ☐ Pressured ☐ Slowed ☐ Monotone ☐ Word finding difficulties  
☐ Limited vocabulary ☐ Disorganized ☐ Dysarthria ☐ Dysphasia ☐ Mute ☐ Rapid ☐ PressuredMood: ☒ Appropriate ☐ Stable ☐ Euthymia ☐ Depressed ☐ Irritable ☐ Anxious ☐ Fearful ☐ EuphoricAffect: ☒ Appropriate ☐ Depressed ☐ Angry ☐ Dysphoric ☐ Inappropriate ☐ Blunted ☐ Flat ☐ Expansive ☐ Tearful ☐ Anxious  
☐ Confused ☐ Fearful ☐ IrritableThought Process: ☒ Goal-directed ☐ Coherent ☐ Logical ☐ Circumstantial ☐ Tangential ☐ Looseness of Associations ☐ Thought Blocking ☐ Clang associations ☐  
Neologisms ☐ Perseverations ☐ Rambling ☐ Flight of IdeasThought Content: ☒ Appropriate ☐ Delusion ☐ Phobia ☐ Compulsion ☐ Obsessions ☐ Suicidal ideations ☐ Homicidal ideations  
☐ Thought Broadcasting ☐ Thought Poverty ☐ Thought Control ☐ Ideas of Reference ☐ Paranoia  
☐ Helplessness ☐ HopelessnessSensorium: ☒ Awake ☐ Clouded ☐ Confused ☐ Stuporous ☐ Memory - Intact/ImpairedPerception: ☒ Intact ☐ Hallucinations ☐ Auditory ☐ Visual ☐ Tactile ☐ Olfactory ☐ Gustatory ☐ IllusionsInsight: ☒ Good ☐ Impaired JUDGMENT: ☒ Good ☐ ImpairedSite: DCC Inmate Name: BOOZE, William SBI: 256158

**Observations:** The I/M was very loud when he came into the interview room stating that he does not need MH.

Axis I	Axis I	Axis I	Axis I	Axis I	Axis II
V 65.2 Malingering	296.34 MDDw/psy	314.9 ADHD	293.82 Subs ind psy	305.20 Cann Abuse	301.83 Borderline PD
309.0 Adj DO, Dep	311 Dep DO NOS	312.30 Imp Cont DO	298.9 Psych NOS	304.00 Opioid Dep	301.7 Antisocial PD
309.24 Adj DO, Anx	296.80 Bipolar DO	295.30 Chr Schiz, par	303.90 ETOH Dep	304.20 Cocaine Dep	319 MR, Unspec
309.28 Adj DOMixed	300.02 GAD	295.90 Chr Sch undif	305.00 ETOH Abuse	304.50 Hall Dep	V71.09 None
296.33 MDD, w/o psy	309.81 PTSD	295.70 Schizoaffect	304.30 Cann Dep	304.80 Poly sub Dep	799.9 Deferred

**ASSESSMENT: Diagnostic Impression**

AXIS I: ☐  
 AXIS II: ☐  
 AXIS III: ☐ Unknown ☐ None  
 Optional: AXIS IV: \_\_\_\_\_ AXIS V: Current GAF \_\_\_\_\_

Additional Assessment Comments: I/M reported that he sued three nurses because they messed-up his medications. He said, "I am a Lawyer and I spent 32 yrs in the military. If they did not diagnose me with mental problem then I don't have none now." This I/M is not currently on psychotropic medications.

**PLAN:**

- ☒ Has been educated on how to contact Mental Health PRN
- ☐ Schedule follow up with mental health clinician within \_\_\_\_\_ days
- ☐ Continue working on treatment plan goals as written
- ☐ Treatment Plan revision completed today
- ☐ Refer to psychiatrist for Psych. Eval/Med Review
- ☐ Obtain additional information from \_\_\_\_\_
- ☐ Place in infirmary on psychiatric observation Level \_\_\_\_\_
- ☐ Refer for placement on the mental health unit
- ☐ Other: \_\_\_\_\_

CLINICIAN SIGNATURE / TITLE: Henry M. Teles Jr. MSW Date: 4/16/07 Time: 1:25pm

Site: DCC Inmate Name: Booze, William SBI: 256158

# BIOREFERENCE LABORATORIES

481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407  
1-800-328-LABS

D O C T O R	CMS DELAWARE 1181 PADDOCK RD SMYRNA, DE 19977 (302) 653-9261 (D0307-6)		DOB: 12/30/1946		MHM			
	-FINAL- Original Report 04/04/2007							
	NAME		PATIENT ID. / ROOM NO.				DOCTOR / GROUP	
	BOOZE, WILLIAM		256158				DESROSIER	
	LAB ID. NO.	DATE COLLECTED	DATE RECEIVED	DATE OF REPORT	AGE	SEX		
	104148127	04/03/2007	04/03/2007 03:42	4/4/2007 07:01	60 Y	M		

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

\* HEMATOLOGY \*

PROTIME	11.4		10.1-13.6sec
INR, NORM. RATIO(INR)		0.99 LO	2.00-3.00
P.T.T.	33.7		23.8-35.1sec.

\*\*\*\*\*

CLINICAL INDICATIONS FOR INR USE	REFERENCE RANGE
Prophylaxis or treatment of venous thrombosis,	2.0 - 3.0
systemic embolization, or	(therapeutic range)
treatment of pulmonary embolus.	
High-risk patients with mechanical heart valves.	2.5 - 3.5

\*\*\*\*\*

NOTE: INR values below 2.0 in patients on warfarin therapy would be considered sub-therapeutic for the above conditions.  
Normal subjects NOT treated with warfarin will have INR values in the range of: 0.87 - 1.19

Final Report

Page: 1

W  
4/6/07

*James Weinberger*  
James Weinberger, M.D.  
Laboratory Director

1181 Paddock Road  
Smyrna Delaware 19977  
302-653-9261 Ext. 2862  
FAX: 302-653-2607



# Fax

To: Mary From: Bucky @ DCC  
Fax: 674 2607 Pages: 4 including cover  
Phone: 653 9261 ext 2857 Date: 3/16/07  
Re: Booze labs CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

# BIOREREFERENCE LABORATORIES

481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407  
1-800-229-LABS

D O C T O R	CMS DELAWARE 1181 PADDOCK RD SMYRNA, DE 19977 (302) 653-9261 (D0307-6)		DOB: 12/30/1946					
	-FINAL- Original Report 03/07/2007							
	NAME		PATIENT I.D. / ROOM NO.		DOCTOR / GROUP			
	BOOZE, WILLIAM		256158		DR. RODGERS			
LAB I.D. NO.		DATE COLLECTED		DATE RECEIVED		DATE OF REPORT	AGE	SEX
103882915		03/06/2007		03/06/2007 02:36		3/7/2007 07:00	60 Y	M

Test Description Result Abnormal Reference Range

\* CHEMISTRY \*

Total Protein	7.0		5.9-8.4	gm/dl
Albumin	4.3		3.2-5.2	gm/dl
Globulin	2.7		1.7-3.7	gm/dL
A/G Ratio	1.6		1.1-2.9	
Glucose	80		70-109	mg/dL
Sodium	142		133-145	mmol/L
Potassium	4.3		3.3-5.3	mmol/L
Chloride	107		96-108	mmol/L
CO2	26		21-29	mmol/L
BUN	13		7-25	mg/dl
* Creatinine	1.0		0.6-1.3	mg/dl
BUN/Creat Ratio	13		10-28	
Calcium	9.5		8.4-10.4	mg/dl
Uric Acid	6.8		2.4-7.0	mg/dl
Iron	59		30-160	mcg/dl
Bilirubin, Total	0.3		0.1-1.0	mg/dl
LDH		257 HI	94-250	u/l
Alk Phos	98		39-120	u/l
AST (SGOT)	36		< 37	u/l
Phosphorous	4.4		2.6-4.5	mg/dl
ALT (SGPT)	27		< 40	u/L
G-GTP	30		7-51	u/L
Cholesterol	156		< 200	mg/dl
Triglycerides	151		< 151	mg/dl
HDL CHOL., DIRECT	45		>35	mg/dl
HDL as % of Cholesterol	29	(> 25)	BELOW AVERAGE RISK	%
Chol/HDL Ratio	3.47	(<4.2)	BELOW AVERAGE RISK	
LDL/HDL Ratio	1.8		0-3.55	
LDL Cholesterol	81		< 100	mg/dL

\*\*\*\*\*

\* GFR, Estimated = 80.95 mL/min/1.73m2

Continued on Next Page

Page: 1

3/9/07

# BIOREREFERENCE LABORATORIES

481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407  
1-800-228-LABS

D O C T O R	CMS DELAWARE		DOB: 12/30/1946	
	1181 PADDOCK RD			
	SMYRNA, DE 19977			
	(302) 653-9261 (D0307-6)			
-FINAL- Original Report 03/07/2007				
NAME		PATIENT I.D./ROOM NO.		DOCTOR / GROUP
BOOZE, WILLIAM		256158		DR. RODGERS
LAB I.D. NO.	DATE COLLECTED	DATE RECEIVED	DATE OF REPORT	AGE SEX
103882915	03/06/2007	03/06/2007 02:36	3/7/2007 07:00	60 Y M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

\*\*\*\*\*

GFR (Glomerular Filtration Rate) calculation utilizes the MDRD formula (Modification of Diet in Renal Disease Study Group) and assumes a normal adult body surface area of 1.73. If the patient is African American multiply result reported by 1.21. (Ref. National Kidney Disease Education Program.)

\*\*\*\*\* Male/Female reference range: >60 mL/min/1.73 m2 \*\*\*\*\*

Note: A calculated GFR of <60 mL suggests chronic kidney disease, but only if found consistently over at least 3 months. A calculated result of <15 mL is consistent with renal failure.

## -----\* HEMATOLOGY \*-----

WBC	4.4		3.40-11.80	x10(3)
RBC	4.7		4.20-5.90	x10(6)
HGB	13.9		12.3-17.0	gm/dl
HCT	42.8		39.3-52.5	%
MCV	91.6		80.0-100.0	FL
MCH	29.8		25.0-34.1	pg
MCHC	32.5		30.0-35.0	gm/dl
RDW	15.1		10.9-16.9	%
POLYS		29 LO	36-78	%
LYMPHS		57 HI	12-48	%
EOS	2		0-8	%
BASOS	1		0-2	%
MONOS	11		0-13	%
Platelet Count	214		144-400	x10(3)
PROTIME	11.3		10.1-13.6sec	
INTR.NORM.RATIO(INR)		0.98 LO	2.00-3.00	
P.T.T.	31.3		23.8-35.1sec.	

\*\*\*\*\*

### CLINICAL INDICATIONS FOR INR USE

### REFERENCE RANGE

Prophylaxis or treatment of venous thrombosis, 2.0 - 3.0  
systemic embolization, or (therapeutic range)  
treatment of pulmonary embolus.

High-risk patients with mechanical heart valves. 2.5 - 3.5

\*\*\*\*\*

NOTE: INR values below 2.0 in patients on warfarin therapy would be considered sub-therapeutic for the above conditions.

Normal subjects NOT treated with warfarin will have INR values in the range of: 0.87 - 1.19

Continued on Next Page

Page: 2

# BIOREREFERENCE LABORATORIES

481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407  
1-800-229-LABS

D O C T O R	CMS DELAWARE 1181 PADDOCK RD SMYRNA, DE 19977 (302) 653-9261 (D0307-6)		DOB: 12/30/1946			
	-FINAL- Original Report 03/07/2007					
	NAME		PATIENT I.D. / ROOM NO.		DOCTOR / GROUP	
	BOOZE, WILLIAM		256158		DR. RODGERS	
	LAB I.D. NO.	DATE COLLECTED	DATE RECEIVED	DATE OF REPORT	AGE	SEX
	103882915	03/06/2007	03/06/2007 02:36	3/7/2007 07:00	60 Y	M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

-----\* MISCELLANEOUS \*-----

TSH	0.341		0.27-4.2 uIU/mL
THYROXINE(T4)	8.4		4.5-12.0 ug/dL
T3 UPTAKE	32.9		24.3-39 %
THYROXINE, FREE(FT4)	1.17		0.93-1.7 ng/dL
FREE T4 INDEX	2.8		1.1-4.5

Final Report

Page: 3

W  
3/9/07





Mid-Delaware Imaging

 incorporated  
 710 South Queen Street  
 Dover, Delaware 19904  
 302-734-9888

## CONSULTATION REPORT

Blas 22

DATE 02/16/2007

PATIENT BOOZE, WILLIAM

AGE 12/30/1946

ADDRESS 1181 PADDOCK ROAD, SMYRNA, DE 19977

REFERRED BY DR Frederick P. Van Dusen, D.O. NO 62612 288618 SEX M

## CLINICAL INFORMATION: CHEST WALL MASS

## CT CHEST

~~7mm thickness computerized axial cuts of entire chest are obtained after intravenous administration of contrast material.~~

Computerized axial tomography shows 2.8cm fairly well defined low density right upper anterior chest wall mass just superficial but distinctly separate from the corresponding pectoralis major muscle. Part of this mass is closely applied to the under surface of the skin and based on joystick reading most likely represents benign lipoma and less likely sebaceous cyst. There is also seen remarkable enlargement of thyroid gland with grossly altered texture, retrosternal extension and displacement of trachea to the right. The left lobe is considerably larger than the right lobe. There is also seen underlying COPD with bilateral mild to moderate interstitial fibrosis and couple of tiny nonspecific peripherally located nodules in each upper lobe. There is however no disturbing lung mass or any hilar-mediastinal lymphadenopathy. The tracheobronchial tree is patent and intact. There is no pleural effusion.

A few axial cuts of the upper abdomen show normal visualized portions of liver.

IMPRESSION: 1) There is seen 2.8cm fairly well defined low density mass at right upper anterior chest wall without any infiltration of surrounding fat. This mass is superficial and distinctly separate from the corresponding pectoralis major muscle. Based on joystick reading this most likely represents benign lipoma and less likely complex sebaceous cyst.

2) There is seen remarkable enlargement of thyroid gland with grossly altered texture, retrosternal extension and right lateral displacement of trachea representing goiter.

3) There is seen underlying COPD with bilateral mild to moderate interstitial fibrosis and couple of tiny nonspecific peripherally located nodules in each upper lobe.

There is no disturbing lung mass, hilar-mediastinal lymphadenopathy or pleural effusion.

Water soluble non-ionic 150cc of Ultravist 300 contrast material was used in view of history of emphysema.

Thank you for referring this patient.

This report was transcribed and faxed to DCC on 2/19/07

Mahendra Parikh, M.D.

MP/par

 pull down  
 2/28/07

**CO. SULTATION REPORT**

Blas. 22

DATE 02/01/2007PATIENT BOOZE, WILLIAM256158AGE 12/30/1946ADDRESS 1181 PADDOCK ROAD, SMYRNA, DE 19977REFERRED BY DR. Frederick P. Van Dusen, D.O.NO. 62612287854

SEX

MCLINICAL INFORMATION: ENLARGING GOITER

CT NECK

Axial images were obtained following intravenous administration of 150cc of Ultravist 300 contrast material.

The study results confirm marked enlargement of the thyroid. In addition, there is a large substernal component extending inferiorly from the left thyroid lobe to the level of the aortic arch. The trachea and esophagus are both moderately displaced to the left. Multiple hypo-attenuating nodules are present throughout both thyroid lobes. In addition, there is calcification at the inferior aspect of the enlarged left thyroid lobe. Findings are consistent with the supplied diagnosis of multigoiter.

In other respects, the submandibular and parotid glands appear unremarkable. There are no additional neck masses identified. There are no sites of pathologic lymphadenopathy.

The vocal fold region appears normal. No lesions are seen in the supraglottic or subglottic pharynx.

IMPRESSION: Huge multinodular thyroid goiter with substernal extension.

Thank you for referring this patient.

This report was transcribed and faxed to DCC on 2/05/07

pull  
char  
2/2/07  
F  
James Miller M.D.

jm/par



## CONSULTATION REPORT

Bldg. 22

DATE 02/01/2007

PATIENT BOOZE, WILLIAM 256158 AGE 12/30/1946

ADDRESS 1181 PADDOCK ROAD, SMYRNA, DE 19977

REFERRED BY DR Frederick P. Van Dusen, D.O. NO 62612 287854 SEX M

CLINICAL INFORMATION: ENLARGING GOITER

CT NECK

~~Axial Images were obtained following intravenous administration of 150cc of Ultravist 300 contrast material.~~

The study results confirm marked enlargement of the thyroid. In addition, there is a large substernal component extending inferiorly from the left thyroid lobe to the level of the aortic arch. The trachea and esophagus are both moderately displaced to the left. Multiple hypo-attenuating nodules are present throughout both thyroid lobes. In addition, there is calcification at the inferior aspect of the enlarged left thyroid lobe. Findings are consistent with the supplied diagnosis of multigoiter.

In other respects, the submandibular and parotid glands appear unremarkable. There are no additional neck masses identified. There are no sites of pathologic lymphadenopathy.

The vocal fold region appears normal. No lesions are seen in the supraglottic or subglottic pharynx.

IMPRESSION: Huge multinodular thyroid goiter with substernal extension.

Thank you for referring this patient.

This report was transcribed and faxed to DCC on 2/05/07

Faxed to  
Dr. Szalai  
2/12/07  
~

~  
2/9/07

James Miller M.D.

## EXHIBIT C

**Incident#**  
1032430

**DCC Delaware Correctional Center**

**Date:** 05/08/2007

**Smyrna Landing Road**

**SMYRNA DE, 19977**

**Phone#: 302-653-9261**

## INCIDENT REPORT

**Group#:** N/A **Type:** Inmate Involved **Incident Date:** 05/14/2006 **Time:** 09:30 **Confidential:** No

**Facility:** DCC Delaware Correctional Center

**Followup Required:** No

**Associated Disciplinary Report #(s)** 1024975

**Incident Location:** Bldg. 22 C Tier

**Location Description:** Cell Lower 12

**Violated Conditions:** 2.03/200.106 Creating a Health, Safety or Fire Hazard

2.10/200.213 Lying

2.13/200.111 Possession of Non-Dangerous Contraband

### Description of Incident:

May 13 2006 bldg 22 Cell Lower 12 approximately 1600. During medication administration pass I/M Booze informed myself Becky Vliet, that he has been out of all of his medications except for one(1) for weeks. He showed me empty bottles, cards, and boxes. Thirty days of one such medication was administered on 4/15 by me personally. I/M Booze was given a sufficient amount to self medicate through today. Additionally, according to medical documentation, I/M Booze should still have at least another 30 days of four other medications. Some of the medications Mr. Booze claims he is supposed to be getting were stopped more than a month ago by Dr. Rodgers. Mr. Booze was informed of the changes by nursing staff at that time, however, he continues to have security staff inform nurses that he is out of these medications. These claims then have to be researched by nursing staff which is wasting time. Allowing this to continue may result in Mr. Booze not receiving the proper medications which are ordered to be given to him due to Security and Medical staff continually being told these lies. Also, if Mr. Booze is hoarding medications and/or giving them to someone else, it could cause a risk to himself and those around him who might find/receive and take them.

Injured Persons	Hospitalized	Nature Of Injuries
N/A	N/A	N/A

**Evidence Type:** all medication were confiscated and returned to the medical department

**Date Collected:** N/A

**Discovered By :** N/A

**Secured By:** N/A

**Type of Force Used** ☐ PHYSICAL ☐ CHEMICAL ☐ STUN ☐ OTHER ☐ CAPSTUN ☒ NONE

**Restraints Used** : N/A

### Immediate Action Taken:

Lt. Satterfield was notified and report was written.

### Individuals Involved

Person Code	Name	SBI#	Title
Staff	Rebecca, Vliet	N/A	Contractors - Medical
Inmate	William, Booze H	00256158	N/A

**Reporting Officer:** Vliet, Rebecca (Contractors - Medical)

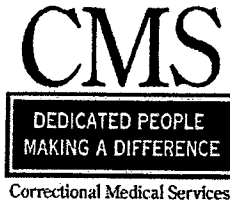
**Entered By:** Vliet, Rebecca (Contractors - Medical)

### Approval Information

☒ Approved ☐ Disapproved **Date:** 05/14/2006 **Approved by:** Satterfield, James P (Staff Lt./Lt)

**Comments:** all medication were confiscated and returned to the medical department the nurses will now be given him his medication each day.

## EXHIBIT D



William Booze  
SBI # 256158 MHU 22 CL 12B  
1181 Paddock Road  
Smyrna, DE 19977

8 Aug 2006

Dear Mr. Booze,

I received your letter dated 17 July 2006. I apologize for my delays in responding to you but I wished to give you a detailed response.

The Dr. Rogers you refer to is the physician who supervises the medical operations of the MHU and SHU housing areas. It is an acceptable practice for her to make alterations in care plans based on her knowledge of a subject and current treatment policies and protocols. I apologize if this was not explained to you.

The fact that your medications were removed from your cell was done for your safety. On 24 March 2006; a note in your chart indicates a sick call request for medications, which you had not received for three weeks. The Correctional and Medical staff on 3/29/06 conducted an inventory of your cell and large amounts of your medications were present. The medications were returned to you at that time with the understanding that you were responsible for their care. On 7/12/06 you requested nitroglycerin pills for chest pain. The nurse offered you the Nitroglycerin patch, which had been prescribed by your physician, but you had refused for the previous 30 days. This was discussed with the supervising provider who felt that we should administer your medication at this time. She stated that she had discussed with you and agreed that you would be allowed to continue participation in our "KOP" program with a one-for-one exchange of medications. This allows us to ensure there is no confusion over which medications you should take or their required dosages. On 7/9/06 you received the following medications: Tylenol, Analgesic Balm, Metoprolol, Hytrin, Multi vitamins, Coated Asprin, and your eye solutions. These items were mistakenly issued to you in their full 120 day quantities. On 7/17/06 these medications were taken, an inventory performed, and the appropriate 30-day doses returned to you. Once again; this action is taken for your safety and should not be viewed as punitive in nature.

I am concerned about the conduct of our staff; Ms Rodweiller is an extremely professional nurse and I have never had a complaint of her telling someone to "die and go to hell". If you have witnesses to this statement, please provide with their names so I can investigate this claim further.

Your Partner in Healthcare,



Scott S. Altman  
Quality Assurance Monitor  
Correctional Medical Services

CC: Warden Thomas Carroll  
Medical Record

EXHIBIT E

## INMATE ACQUIRED OR CONFISCATED PROPERTY

2075

INMATE NAME: Booze William SBI# 00256158  
 HOUSING UNIT: P/WC-19 Bullum DATE: 2/13/06 TIME: 7300

ITEM	DESCRIPTION/BRAND NAME	S/P**	QUANTITY	CONDITION (Poor/Fair/Good)
19	Nasacort AQ Nasal spray	P	3	✓ poor
20	Mayo Eye Wash	P	4	✓ poor
21	Benzoyl Peroxide Gel	P	4	✓ poor
22	Effergrip Denture cream	P	1	✓ poor
23	Artificial Tear solution	P	6	✓ poor
24	Therapeutic Shampoo	P	2	✓ poor
25	Miconazole Nitrate cream	P	1	✓ poor
26	Medique Pain off	P	2	✓ poor
27	Medique Sepasolne	P	1	✓ poor
28	throat lozenges	P	2	✓ poor
29	Antifungal cream	P	1	✓ poor
30	Triple Antibiotic Ointment	P	1	✓ poor
31	Hydrocortisone cream	P	1	✓ poor
32	GRX Analgesic Balm	P	1	✓ poor
33	Green photo book	P	1	✓ poor
34	blue photo book	P	1	✓ poor
35	band aids	P	10	✓ poor
36	Maruchan Hot & Spicy vegetables	P	2	✓ poor

RECEIVED  
 FEB 15 2006  
 PROPERTY ROOM

Officer's Name (Print Clearly)

Sgt. Michael W. Brown SR.

Supervisor's Name (Print Clearly)

Shift

4X12

Shift

Officer's Signature Who Inventoried Property

Sgt. Michael W. Brown SR.

Supervisor's Signature Reviewing Inventory

## Record of Transfer of Property

The acquired/confiscated property, with exceptions noted, as listed above was received from:

\_\_\_\_\_, on \_\_\_\_/\_\_\_\_/\_\_\_\_, at \_\_\_\_\_, by \_\_\_\_\_, within \_\_\_\_\_  
 (Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

## Record of Transfer of Property

The acquired/confiscated property, with exceptions noted, as listed above was received from:

\_\_\_\_\_, on \_\_\_\_/\_\_\_\_/\_\_\_\_, at \_\_\_\_\_, by \_\_\_\_\_, within \_\_\_\_\_  
 (Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

## Record of Transfer of Property

The acquired/confiscated property, with exceptions noted, as listed above was received from:

\_\_\_\_\_, on \_\_\_\_/\_\_\_\_/\_\_\_\_, at \_\_\_\_\_, by \_\_\_\_\_, within \_\_\_\_\_  
 (Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

## **Exhibit F**

Facility:	E	6365-	DELAWARE MAXIMUM SECURITY COMP
-----------	---	-------	--------------------------------

DE

**Month:**

March 2007

UNIT	DRUG	DOSE	MODE	INTERVAL	START	STOP	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	Rx# 13480749	NITROGLYCERIN PATCH 0.4MG/HR P124 - TRANSDERM-NITRO- APPLY EACH MORNING AND REMOVE AT BEDTIME FOR 120 DAYS >> FOR EXTERNAL USE ONLY <<																																						
	DR: RODGERS DALE				START: 02/09/07	STOP: 06/09/07																																		
	Rx# 13480761	SELSUNUM SULFIDE (120ML) 2.5% SHAM - SELSUN-RX LOTION- APPLY AS DIRECTED FOR 120 DAYS (2 BOTTLES PER MONTH) >> FOR EXTERNAL USE ONLY. SHAKE WELL <<																																						
	DR: RODGERS DALE				START: 02/09/07	STOP: 06/09/07																																		
	Rx# 13480763	TERAZOSIN HCL 2MG CAPS - HYTRIM- TAKE 1 CAP BY MOUTH AT BEDTIME FOR 120 DAYS >> MAY CAUSE DROWSINESS <<																																						
	DR: RODGERS DALE				START: 02/09/07	STOP: 06/09/07																																		
	CUELINE Cream Apply to the affected areas twice daily																																							
	DR: RODGERS DALE				START: 2-8-07	STOP: 6-8-07																																		
	DR: RODGERS DALE				START: 02/09/07	STOP: 06/09/07																																		
	DR: RODGERS DALE				START: 02/09/07	STOP: 06/09/07																																		
	DR: RODGERS DALE				START: 02/09/07	STOP: 06/09/07																																		
	DR: RODGERS DALE				START: 02/09/07	STOP: 06/09/07																																		
	DR: RODGERS DALE				START: 02/09/07	STOP: 06/09/07																																		
	DR: RODGERS DALE				START: 02/09/07	STOP: 06/09/07																																		
	DR: RODGERS DALE				START: 02/09/07	STOP: 06/09/07																																		
	DR: RODGERS DALE				START: 02/09/07	STOP: 06/09/07																																		
	DR: RODGERS DALE				START: 02/09/07	STOP: 06/09/07																																		
	DR: RODGERS DALE				START: 02/09/07	STOP: 06/09/07																																		
	DR: RODGERS DALE				START																																			

**DIAGNOSIS:**

**DOB/DNAID #:**

**LOCATION:**

NAME:

12/30/45 **258158**

62065-  
K1A1N

**BOOZE, WILLIAM**

## ALLERGENS:

### Fish Allergy

2011 AGO 05 12Z

PharmaCorr

PK44

Facility: **E** **6365- DELAWARE MAXIMUM SECURITY COMP** **DE** **Month:** **March 2007**

**MEDICATION ADMINISTRATION RECORD**

UNIT	DRUG	DOSE	MODE	INTERVAL	START - STOP	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
REF 13480789	ABSORBASE (1200MG) GREA -EUCERIN-				APPLY TO AFFECTED AREA TWICE DAILY FOR 120 DAYS >> FOR EXTERNAL USE ONLY <<																																	
PH: RODGERS,DALE					START: 02/09/07 STOP: 06/09/07																																	
REF 13480805	ARTIFICIAL TEARS (16ML) 1.4% OPTN -LIGUPLIM TEARS-				INSTR. 2 DROPS INTO AFFECTED EYE TWICE DAILY FOR 120 DAYS																																	
PH: RODGERS,DALE					START: 02/09/07 STOP: 06/09/07																																	
REF 13480812	ASPIRIN EC 81MG TBEC -ECOTRIN (ASA-EC)-				TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS >> DO NOT CRUSH <<																																	
PH: RODGERS,DALE					START: 02/09/07 STOP: 06/09/07																																	
REF 13480814	CHLORPHENIRAMINE MAL 4MG TABS -CHLORTHINETON-				TAKE 1 TAB BY MOUTH TWICE DAILY FOR 120 DAYS >> TAKE WITH FOOD, MAY CAUSE DROWSINESS <<																																	
PH: RODGERS,DALE					START: 02/09/07 STOP: 06/09/07																																	
REF 13480784	EYE WASH (IRRG) (120ML) OPTN -DACHIOSE-				USE IN AFFECTED EYE TWICE DAILY AS DIRECTED FOR 120 DAYS																																	
PH: RODGERS,DALE					START: 02/09/07 STOP: 06/09/07																																	
REF 13480783	LEVOTHYROXINE 800 0.075MG TABS -SYNTHROID-				TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS >> TAKE ON EMPTY STOMACH <<																																	
PH: RODGERS,DALE					START: 02/09/07 STOP: 06/09/07																																	
REF 13480736	METOPROLOL TART 25MG TABS -LOPRESSOR-				TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS >> TAKE WITH FOOD, MAY CAUSE DROWSINESS <<																																	
PH: RODGERS,DALE					START: 02/09/07 STOP: 06/09/07																																	
REF 13480740	MULTIVITAMIN TABS -ONE A DAY VIT-				TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS																																	
PH: RODGERS,DALE					START: 02/09/07 STOP: 06/09/07																																	
PH: RODGERS,DALE					START: 02/09/07 STOP: 06/09/07																																	

DIAGNOSIS: **DO NOT KOP MEDS**

DOB/INMATE #: **12/30/45 256158**

LOCATION: **6365- MAIN 22CK-12**

NAME: **BOOZE, WILLIAM**

PHARMACOR

Pharmacor

PN:40

# MEDICATION ADMINISTRATION RECORD

Facility: **E** 6365- DELAWARE MAXIMUM SECURITY COMP DE Month: February 2007

UNIT	DRUG	DOSE	MODE	INTERVAL	START	STOP	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Ref# 12870508	RODGERSS DALE	ASABORBASE (120MG) CREA-EUCERIN-	APPLY TO AFFECTED AREA TWICE DAILY FOR 120 DAYS		10/23/06	02/22/07																														
Ref# 12870503	RODGERSS DALE	ARTIFICIAL TEARS (15ML) 1.4% OPTN-LIQUIFILM TEARS-	INSTILL 2 DROPS INTO AFFECTED EYE TWICE DAILY FOR 120 DAYS		10/23/06	02/22/07																														
Ref# 12870537	RODGERSS DALE	ASPIRIN EC 81MG TBEC-ECOTRIN (ASA-EC)-	TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS		10/23/06	02/22/07																														
Ref# 12870510	RODGERSS DALE	CHLORPHENIRAMINE MAL 4MG TABS-CHLORTRIMETON-	TAKE 1 TAB BY MOUTH TWICE DAILY FOR 120 DAYS		10/23/06	02/22/07																														
Ref# 12870548	RODGERSS DALE	EYE WASH IRNG (120ML) OPTN-DACRIOSE-	USE TWICE DAILY FOR 120 DAYS		10/23/06	02/22/07																														
Ref# 12870528	RODGERSS DALE	MEPROLOL TAB 25MG TABS-LOPRESSOR-	TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS		10/23/06	02/22/07																														
Ref# 12870533	RODGERSS DALE	MULTIVITAMIN TABS-ONE-A-DAY VIT-	TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS		10/23/06	02/22/07																														
Ref# 12870518	RODGERSS DALE	NITROGLYCERIN PATCH 0.4MG/4HR P124-TRANSDERM-NITRO-	APPLY EACH MORNING AND REMOVE EACH EVENING FOR 120 DAYS		10/23/06	02/22/07																														

DIAGNOSIS: ALLERGIES: Fish Allergy

DOB/INMATE #: 12/30/45 256158

LOCATION: 6365- MAIN 22 DE 12

NAME: BOOZE, WILLIAM

PharmaCorr

**Notes:**

DIAGNOSIS:	DOB/INMATE #:	LOCATION:	NAME:
ALLERGIES:	256158	226112	B. Boone Johnson
Searcy			
2150 REV 11/94			

## MEDICATION ADMINISTRATION RECORD

**Facility:**

Month: February 2007

[illegible]

## ALLERGIES:

DOB/INMATE #: 12/30/46

**LOCATION:**

**NABE:**

**Q150 REN 1200**

Deaf

256-158

220

George William

1

Month: February 2007

—

NAME:

223

Boyd, William

Facility: E 6365- DELAWARE MAXIMUM SECURITY COMP DE Month: February 2007

[illegible]

12/30/45 **256158**

**6365- MAIN**

**BOOZE, WILLIAM**

PharmaCor

Facility: \_\_\_\_\_

MEDICATION ADMINISTRATION RECORD

Month: May 2007

DRUG	DOSE	MODE	INTERVAL	START - STOP	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Enalapril 3.75 X 1200mg					A																															
Enalapril 3.75 X 1200mg					HS																															
Asa 81mg tabs PO QD X 1200mg					A																															
Enalapril 3.75 X 1200mg					HS																															
Synthroid 75mg tabs PO QD X 1200mg					A																															
Enalapril 3.75 X 1200mg					HS																															
Multi Vitamin tabs PO QD X 1200mg					A																															
Enalapril 3.75 X 1200mg					HS																															

DIAGNOSIS:	DOB/INMATE #: 12/30/45	LOCATION:	NAME:
ALLERGIES:	256 158	22 AL-12	Bacon, Lard

DOCUMENTATION CODES	STAFF SIGNATURE	DATE	INITIALS	STAFF SIGNATURE	DATE	INITIALS
D/C - Discontinue Order	Candace Fletcher MD	5/10/07	CF			
R - Refused						
A - Absent						
C - Court						
S - Used Stock						
O - Other						

ON DATE of 5-10-07 AM med. pass / 12 MATE actually took med. - 1000 mg

[illegible]

DATE	TIME	NOTES
5-10-07	0230	Female Refused med medications
5-20-07	0230	Male Refused Am medications
5-3-07	0230	Male Refused for medications
5-9-07	0230	Female Refused again for med for
5-10-07	0230	Female Refused medications

Facility: **E** **6365-** **DELAWARE MAXIMUM SECURITY COMP** **DE**

**MEDICATION ADMINISTRATION RECORD**

Month:

May 2007

DRUG	DOSE	MODE	INTERVAL	START	STOP	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<b>Rx# 13480749</b> <b>NITROGLYCERIN PATCH 0.4MG/HR PT24 -TRANSDERM-NITRO-</b> <b>APPLY EACH MORNING AND REMOVE AT BEDTIME FOR 120 DAYS &gt;&gt; FOR</b> <b>EXTERNAL USE ONLY &lt;&lt;</b> <b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>Rx# 13480761</b> <b>SELENIUM SULFIDE (120ML) 2.5% SHAM -SELSUN-RX LOTION-</b> <b>APPLY AS DIRECTED FOR 120 DAYS (2 BOTTLES PER MONTH) &gt;&gt; FOR EXTERNAL</b> <b>USE ONLY. SHAKE WELL &lt;&lt;</b> <b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>Rx# 13480768</b> <b>TERAZOSIN HCL 2MG CAPS -HYTRIN-</b> <b>TAKE 1 CAP BY MOUTH AT BEDTIME FOR 120 DAYS &gt;&gt; MAY CAUSE DROWSINESS</b> <b>&lt;&lt;</b> <b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						
<b>PHY: RODGERS, DALE</b> <b>START: 02/09/07</b> <b>STOP: 06/09/07</b>																																						

DOCUMENTATION CODES	STAFF SIGNATURE	DATE	INITIALS	STAFF SIGNATURE	DATE	INITIALS
D/C - Discontinue Order	<b>Korlu Lavalala LPN</b>	5-1-07	ML			
R - Refused	Candace Fletcher MD Blawie	05				
A - Absent						
C - Court						
S - Used Stock						
O - Other						
<i>OK DATE of 5-10-07 Am med, pmc, Thimote actually took meds. - MEX</i>						

DATE/TIME									
BP									
P									
R									
T									
Weight									
Blood Sugar									
Staff Signature:									

DATE	TIME	NOTES
5-8-07	0300	Inmate continues to refuse meds. Refusal
5-9-07	0300	
5-9-07	0730	Refused nurse going said I'm refused meds.
5-9-07	0730	Refused nurse said I'm refused meds. - MEX



Facility: **E** 6365- DE LAWARE MAXIMUM SECURITY COMP DE

Month: April 2007

**MEDICATION ADMINISTRATION RECORD**

UNIT	DRUG - DOSE - MODE - INTERVAL - START - STOP	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
R# 13480749	NITROGLYCERIN PATCH 0.4MG/HR PT24 -TRANSDERM-NITRO- APPLY EACH MORNING AND REMOVE AT BEDTIME FOR 120 DAYS >> FOR EXTERNAL USE ONLY <<																																
PHY: RODGERS, DALE	START: 02/09/07	STOP: 06/09/07																															
R# 13480761	SELENIUM SULFIDE (120ML) 2.5% SHAM -SELSUN-RX LOTION- APPLY AS DIRECTED FOR 120 DAYS (2 BOTTLES PER MONTH) >> FOR EXTERNAL USE ONLY - SHAKE WELL <<																																
PHY: RODGERS, DALE	START: 02/09/07	STOP: 06/09/07																															
R# 13480768	TERAZOSIN HCL 2MG CAPS -HYTRIN- TAKE 1 CAP BY MOUTH AT BEDTIME FOR 120 DAYS >> MAY CAUSE DROWSINESS <<																																
PHY: RODGERS, DALE	START: 02/09/07	STOP: 06/09/07																															
R# 13480769	Ole @ 100 mg 3 times a day 3x/day que 2 1000 mg 3x/day @ 1:00																																
PHY: RODGERS, DALE	START: 02/09/07	STOP: 06/09/07																															
R# 13480770	Place 100 mg 3x/day Bedtime 100 mg 3x/day Bedtime																																
PHY: RODGERS, DALE	START: 02/09/07	STOP: 06/09/07																															

79-82017  
SPORT KNEE SLV OPEN PAT, L  
FOR SUPPORT OF THE KNEE  
LOT: 121406  
HCPCS: L1825

79-82625  
KNEE SUPPORT OF M  
FOR SUPPORT OF KNEE  
LOT: 090506  
HCPCS: L1825

DIAGNOSIS: ALLERGIES: Fish Allergy

DOB/INMATE #: 12/30/45 256158

LOCATION: 6365- MAIN

NAME: BOOZE, WILLIAM

Facility: **E** **6365-** **DE LAWARE MAXIMUM SECURITY COMP** **DE**

**MEDICATION ADMINISTRATION RECORD**

Month: **April 2007**

DRUG - DOSE - MODE - INTERVAL - START - STOP	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<b>ABSORBASE (120GM) CREA-EUCERIN-</b> APPLY TO AFFECTED AREA TWICE DAILY FOR 120 DAYS >> FOR EXTERNAL USE ONLY << RX# 13480799 PHY: RODGERS, DALE START: 02/09/07 STOP: 06/09/07	A																															
<b>ARTIFICIAL TEARS (15ML) 1.4% OPTH-LIQUIFILM TEARS-</b> INSTILL 2 DROPS INTO AFFECTED EYE TWICE DAILY FOR 120 DAYS RX# 13480805 PHY: RODGERS, DALE START: 02/09/07 STOP: 06/09/07																																
<b>ASPIRIN EC 81MG TBEC-ECOTRIN (ASA-EC)-</b> TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS >> DO NOT CRUSH << RX# 13480812 PHY: RODGERS, DALE START: 02/09/07 STOP: 06/09/07																																
<b>CHLORPHENIRAMINE MAL 4MG TABS-CHLORTRIMETON-</b> TAKE 1 TAB BY MOUTH TWICE DAILY FOR 120 DAYS >> TAKE WITH FOOD; MAY CAUSE DROWSINESS << RX# 13480814 PHY: RODGERS, DALE START: 02/09/07 STOP: 06/09/07																																
<b>EYE WASH IRRG (120ML) OPTH-DACRIOSE-</b> USE IN AFFECTED EYE TWICE DAILY AS DIRECTED FOR 120 DAYS RX# 13480784 PHY: RODGERS, DALE START: 02/09/07 STOP: 06/09/07																																
<b>LEVOTHYROXINE SOD 0.075MG TABS- SYNTHROID-</b> TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS >> TAKE ON EMPTY STOMACH << RX# 13480783 PHY: RODGERS, DALE START: 02/09/07 STOP: 06/09/07																																
<b>METOPROLOL TART 25MG TABS-LOPRESSOR-</b> TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS >> TAKE WITH FOOD; MAY CAUSE DROWSINESS << RX# 13480738 PHY: RODGERS, DALE START: 02/09/07 STOP: 06/09/07																																
<b>MULTIVITAMIN TABS-ONE-A-DAY VIT-</b> TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS RX# 13480740 PHY: RODGERS, DALE START: 02/09/07 STOP: 06/09/07																																
<b>RODGERS, DALE</b> START: 02/09/07 STOP: 06/09/07																																

DIAGNOSIS:

ALLERGIES:  
Fish Allergy

DOB/INMATE #: **12/30/45 256158**

LOCATION: **6365- MAIN**

NAME: **BOOZE, WILLIAM**

CORRECTIONAL MEDICAL SERVICES

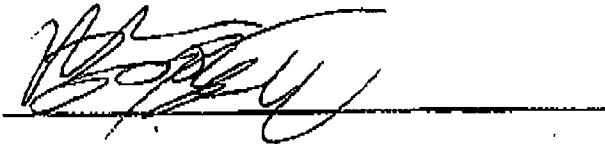
RECEIPT FOR MEDICAL PRODUCT

Inmate Name: Boone, William ID: 25615V

Institution: OCC

Medical Product: Eye Patch Date Received: 4/17/07

I verify that I have received the medical product named above. I understand I am fully responsible for the care of this item. I further understand that I may be required to pay for any repair or replacement.

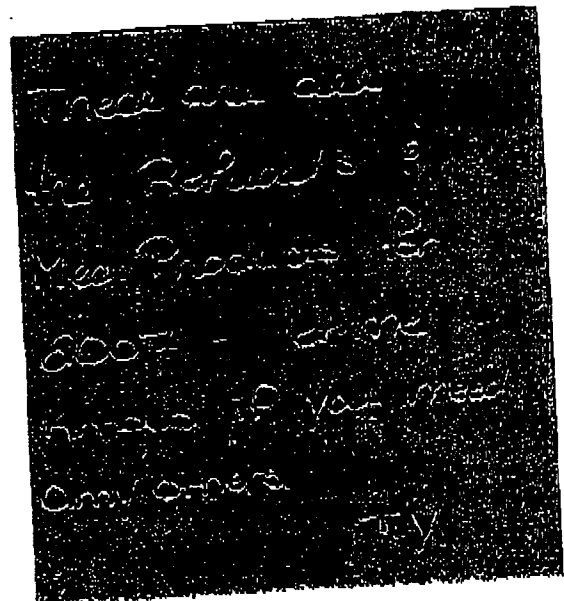


Inmate Signature



Signature of Health Care Staff Dispensing Product

CMS Reviewed 10/03 Sample  
e-J-G11-Receipt for Medical Product





CORRECTIONAL MEDICAL SERVICES

RELEASE OF RESPONSIBILITY

Boone William

Name of Inmate

4/17/07 <sup>1300</sup>  
200

Date/Time

276158

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

Eye Patch  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, employees and agents from all responsibility and ill effect, which may result from this action.

Refused to sign

Inmate Signature

[Signature]

Witness

4/17/07

Date/Time

The aforementioned inmate has refused the listed medical treatment/recommendations and sign this form.

[Signature]

Witness

\_\_\_\_\_

Witness

\_\_\_\_\_

Date/Time



CORRECTIONAL MEDICAL SERVICES  
RELEASE OF RESPONSIBILITY

Booge, William  
Name of Inmate

3/22/07  
Date/Time

256-158  
Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

Hydrom  
CTM 47

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, employees and agents from all responsibility and ill effect, which may result from this action.

Refused to Sign  
Inmate Signature

3/22/07 1600  
Date/Time

Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and sign this form.

[Signature] 3/22/07 1600  
Witness

Cpt. [Signature]  
Witness

Date/Time



## CORRECTIONAL MEDICAL SERVICES

**RELEASE OF RESPONSIBILITY**

Booze, William

02-14-07

Name of Inmate

Date/Time

256158 C-12

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

Refused medication. States "I do not want be waking up at this time of the night."

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect, which may result from this action.

**Inmate Signature**

Date/Time

02-14-07

**Witness**

The aforementioned Inmate has refused the listed medical treatment/recommendations and has refused to sign this form.

**Witness**

Witness  
by L. J. Hicks

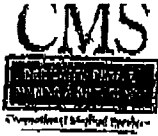
**Witness**

Witness  
K Chavaleppa

Date/Time:

7120 Rev 09/01/2004

22012



CORRECTIONAL MEDICAL SERVICES  
RELEASE OF RESPONSIBILITY

30022 WILLIAM

Name of Inmate

2/27/07 AM

Date/Time

256158 12/30/45

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

Lopressor 25mg, MVI, Synthroid 0.75mg, ELASA 8mg,  
CTM 4mg.

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect, which may result from this action.

REFUSED

Inmate Signature

Date/Time

Witness

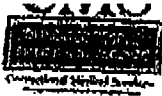
The aforementioned inmate has refused the listed medical treatment/recommendations and has refused to sign this form.

Witness

Witness

Date/Time

7120 Rev 09/01/2004



CORRECTIONAL MEDICAL SERVICES  
RELEASE OF RESPONSIBILITY

Boone William

Name of Inmate

2/27/07

Date/Time

256 154

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

Western drug  
CTM drug

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect, which may result from this action.

Refused to Sign

Inmate Signature

Date/Time

Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and has refused to sign this form.

[Signature]

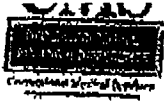
Witness

[Signature]

Witness

Date/Time

7120 Rev 09/01/2004



CORRECTIONAL MEDICAL SERVICES

RELEASE OF RESPONSIBILITY

Booze Williams

Name of Inmate

2/18/07 / 1630

Date/Time

256168 / 12/30/44

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

HS meds

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect, which may result from this action.

Refused

Inmate Signature

Date/Time

Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and has refused to sign this form.

Witness

Witness

2/18/07 1630

Date/Time

7120 Rev 09/01/2004



CORRECTIONAL MEDICAL SERVICES

RELEASE OF RESPONSIBILITY

cur

Booge William

Name of Inmate

2/15/07

Date/Time

256158

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

CTM 4mg PO QHS  
Hydromor 2mg PO QHS

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect, which may result from this action.

[Signature]

Inmate Signature

2/15/07

Date/Time

Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and has refused to sign this form.

[Signature]

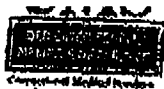
Witness

Veronica Salas

Witness

Date/Time

7120 Rev 08/01/2004



CORRECTIONAL MEDICAL SERVICES  
RELEASE OF RESPONSIBILITY

Booge, William

Name of Inmate

2/22/07

Date/Time

256158 12/30/46

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

Keptin 2mg

CTM 4mg

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect, which may result from this action.

Refused to Sign

Inmate Signature

2/22/07

Date/Time

Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and has refused to sign this form.

Sgt. Veronica J. Karlock

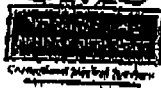
Witness

Shawna 2/22/07

Witness

Date/Time

7120 Rev 09/01/2004



CORRECTIONAL MEDICAL SERVICES

RELEASE OF RESPONSIBILITY

Boozer, William

Name of Inmate

2/28/07

Date/Time

256158

Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

Heptan

CTM 4mg

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect, which may result from this action.

Refused to sign

Inmate Signature

Date/Time

Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and has refused to sign this form.

Sharon Wealer

Witness


[Signature]

Witness

Date/Time

7120 Rev 09/01/2004

DOCUMENTATION CODES		STAFF SIGNATURE		DATE	INITIALS	STAFF SIGNATURE		DATE	INITIALS
D/C - Discontinue Order		<b>Korlu Lavala LPN</b>							
R - Refused									
A - Absent		<i>[Signature]</i>		5/10/07	VM	<b>Shari Neal RN</b>			
C - Court									
S - Used Stock									
Other						<b>Rachel Hyler LPN</b>			
		<b>Rebecca E. Viet RN</b>			W	<b>Tonya Collins LPN</b>		3/07	rc
DATE/TIME									
BP									
P									
R									
T									
Weight									
Blood Sugar									
Staff Signature:									
DATE		TIME		NOTES					

DOCUMENTATION CODES		STAFF SIGNATURE		DATE	INITIALS	STAFF SIGNATURE		DATE	INITIALS
D/C - Discontinue Order		<b>Korlu Lavala LPN</b>							
R - Refused									
A - Absent				5/10/07	VM				
C - Court									
S - Used Stock									
Other		<b>Rebecca E. Vliet RN</b>			RV	<b>Rachel Hyler LPN</b>			
						<b>Shari Neal RN</b>			
						<b>Tonya Collins LPN</b>		5/10/07	RV
DATE/TIME									
BP									
P									
R									
T									
Weight									
Blood Sugar									
Staff Signature:									
DATE	TIME	NOTES							

DOCUMENTATION CODES	STAFF SIGNATURE	DATE	INITIALS	STAFF SIGNATURE	DATE	INITIALS
D/C - Discontinue Order						
R - Refused						
A - Absent						
C - Court						
S - Used Stock				Shari Neal RN		
O - Other						
	Rachel Hyler LPN					

DATE/TIME							
BP							
P							
R							
T							
Weight							
Blood Sugar							
Staff Signature:							
DATE	TIME	NOTES					

DOCUMENTATION CODES		STAFF SIGNATURE		DATE		INITIALS		STAFF SIGNATURE		DATE		INITIALS	
D/C - Discontinue Order													
R - Refused													
A - Absent													
C - Court													
S - Used Stock													
O - Other													
		<b>Rachel Hyler LPN</b>											

DATE/TIME								
Bp								
P								
R								
Weight								
Blood Sugar								
Staff Signature:								

[illegible]

DOCUMENTATION CODES	STAFF SIGNATURE	DATE	INITIALS	STAFF SIGNATURE	DATE	INITIALS
D/C - Discontinue Order						
R - Refused						
A - Absent						
C - Court						
S - Used Stock						
O - Other						
	<b>Rachel Hyler LPN</b>					

DATE/TIME	TIME	NOTES
BP		
P		
R		
T		
Weight		
Blood Sugar		
Staff Signature:		
DATE	1630	Placed the meal. Would not sign release. Release will be signed.

DOCUMENTATION CODES	STAFF SIGNATURE	DATE	INITIALS	STAFF SIGNATURE	DATE	INITIALS
D/C - Discontinue Order						
R - Refused						
A - Absent						
C - Court						
S - Used Stock						
O - Other						
<p><b>Rachel Hyler LPN</b></p>						

[illegible]



### CERTIFICATE OF SERVICE

I, hereby certify that on **May 14, 2007**, I electronically filed an **Defendant, Correctional Medical Services Response to Motion for Preliminary Injunction** with the Clerk of Court using CM/ECF which will send notification of such filing(s) to the following: **Ophelia M. Waters**. I hereby certify that on **May 14, 2007**, I have mailed by United States Postal Service, the document to the following non-registered participant:

**William H. Booze, Inmate**  
SBI # 00256158  
Delaware Correctional Center  
1181 Paddock Road  
Smyrna, DE 19977

/s/Megan T. Mantzavinos

Megan T. Mantzavinos, Esquire (I.D. No. 3802)

Ryan M. Ernst, Esquire (I.D. No. 4788)

Marks, O'Neill, O'Brien & Courtney, P.C.

913 North Market Street, Suite 800

Wilmington, DE 19801

(302) 658-6538

*Attorneys for Defendant Correctional Medical Services*